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Reader's Guide

An active, progressive association is portrayed for us in the guest editorial which **Beryl Seeman,** president of the Manitoba Association of Registered Nurses, has prepared for this issue. It has not all been smooth going, for knotty problems persist in cropping up just when everything points to a clear road. Perhaps the wide horizons which characterize Manitoba have given the nurses length of vision for they seem to have found adequate solutions to most of the difficulties which Miss Seeman has described.

President Beryl Seeman is a Manitoban by birth. Following graduation from Yorkton Collegiate Institute, she entered the school of nursing of the Winnipeg General Hospital in 1932. She was awarded a scholarship by her hospital and took a post-graduate course in obstetrics and gynecology at the Royal Victoria Hospital, Montreal. After receiving her diploma in 1937, she continued on the staff there as a head nurse until 1939. Her next three years were spent in head nurse's duties at the Winnipeg General Hospital. In 1943, she took the course in teaching and supervision at the McGill School for Graduate Nurses. At present, Miss Seeman is clinical instructor in surgery and some of its specialties at W.G.H.

We are all familiar with the famous "seeing-eye dogs." They perform a wonderful task in guiding their blinded masters. But how much more valuable it would be to preserve the vision of seeing men and women! Every nurse who has the opportunity through careful treatment of apparently minor eye injuries to prevent possible blindness is rendering a service to humanity. **Dr. Charles A. Thompson** has made specific reference, in his discussion on the prevention of damage to the eyes, to the work of the industrial nurses. He delivered this address at a refresher course for that particular group sponsored by the University of Western Ontario in London. What he has to say may be applied with equal value to the work of every nurse, particularly those who see eye injuries in school children.

The second article on nutrition appears to be pointed specifically at public health nurses. **Mrs. H. Ruth Crawford** had this group in mind when she wrote it. But nurses engaged in hospital duties also have opportunities to give instruction to parents regarding the normal eating habits of children. Don't miss reading it! Mrs. Crawford is on the faculty of the Department of Public Health Nutrition, University of Toronto.

Still on the topic of food, **Barbara Bell** has some helpful advice on how to serve the meals in hospital. Most of these rules could be applied in the home with equal value. Until recently, Miss Bell was superintendent of the Plummer Memorial Hospital, Sault Ste. Marie, Ont.

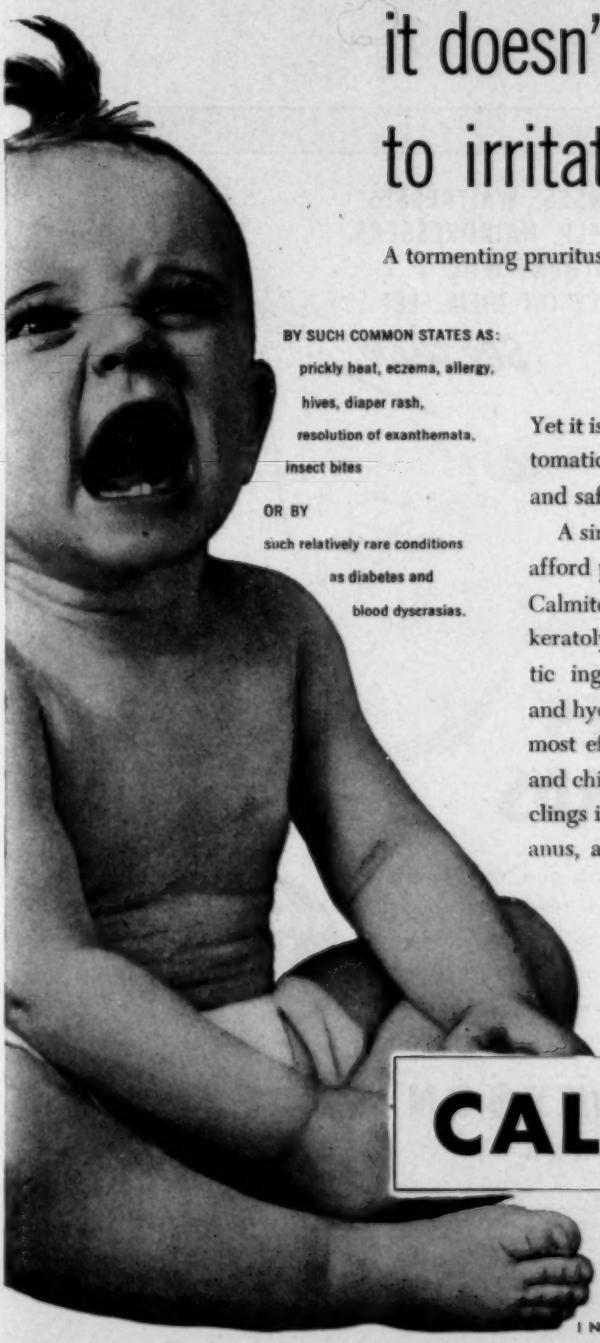
An exceedingly helpful companion article to the valuable discussion on teaching and learning, which appeared in the February issue, will be found in **Kathleen M. Stanton's** material. Miss Stanton was on the staff of the McGill School for Graduate Nurses prior to her sudden death in March, 1947.

When a private duty nurse tells us about her patients, we are glad to listen. When we hear about her problems with the patient's visitors, we are all sympathy — visitors can be a source of pleasure but they also may be nuisances when they stay too long or bother the patient. Read the remedies which Nona Blake suggested to **Louise Price Bell.**

Christine E. Charter, who is assistant superintendent of the Vancouver branch of the Victorian Order of Nurses, won second prize in the 1946 essay contest sponsored by the *Journal.*

Eleanor R. Wheler is public health nurse in Summerside, P.E.I. Who would not like a job on "The Island" after reading this progressive account? **Lois Lethbridge is** superintendent of the hospital in Portage la Prairie, Man.

Mabel G. Lawson was asked to assist with the re-organization of nursing in Germany. Miss Lawson, who is unique in that she received her doctor's degree *before* she entered as a student in St. Thomas's School of Nursing, is presently deputy nursing officer with the British Ministry of Health.



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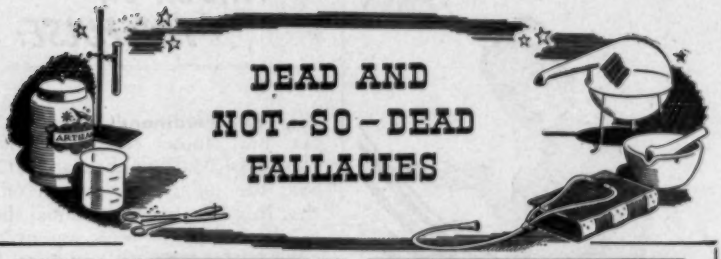
Legitimate squawk: A villager of Agra, India, had a complaint concerning a purchase he made on the black market. He told the police that the $1,500 bride he bought turned out to be a boy.

Any arguments? Gerald Clark of Chicago has a cure for the worn-out world. He suggests that everybody take a week off for sleep to cure a lot of mankind's problems. Mr. Clark's occupation? — bedmaker.

Due for a stretch: Police were hunting for a thief in Woodstock, Ontario, who snatched girdles from clotheslines.

"Miss Jones, I find myself run down, irritable, grouchy. AM I?"



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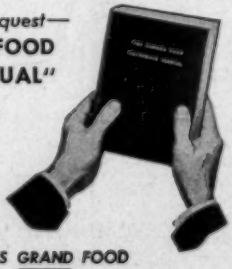

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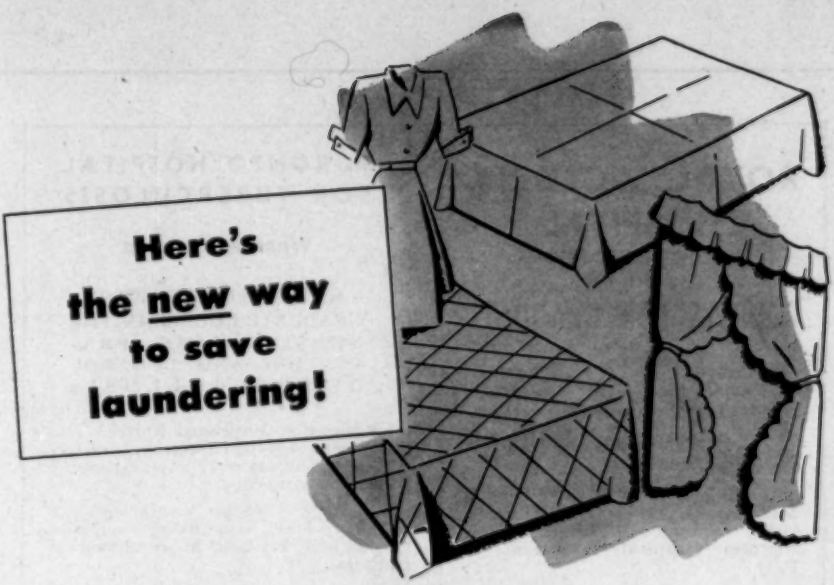

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VOLUME FORTY-THREE NUMBER FOUR

MONTREAL, APRIL, 1947

Manitoba's Watchtower

FROM where we stand we can look backward and survey the landscape behind us, representing our accomplishments, and we can look forward to the horizon representing our hopes for the future. What do we see? Far behind us we see the establishment of qualifying examinations for the first-year student nurses. Following their establishment we found two hurdles in our path that had to be crossed before these examinations became reasonably smooth-running:

1. Problems that arose in connection with candidates who were unsuccessful.
2. The length of time a student can spend in a training school before she is eventually disqualified should she be unsuccessful.

Dealing with the first problem, we found, as one might expect, that a number of unsuccessful students appealed to the Board of Directors for special consideration or special privileges. Had such privileges been granted to one, it would have immediately raised a storm of protest from others less favored and so our only possible course was to point to the standards that had been accepted, even though in some instances our sympathies might be with the student. This problem was solved when the University of Manitoba Liaison Committee kindly consented to act as an Appeal Board for students who are eliminated in either qualifying or

BERYL SEEMAN

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registration examinations. (We are fortunate in that all M.A.R.N. examinations are conducted by the University of Manitoba, with which we have a Liaison Committee. This committee is composed of representatives from the university, the M.A.R.N., doctors, and the Manitoba Hospital Council.) The Appeal Board has the right to grant permission to any candidate to write the examinations again if they feel that extenuating circumstances have contributed to her failure. It is understood that no decision forms a precedent that must be followed subsequently in similar cases. Each case stands on its *individual* merits. The Appeal Board has both granted and refused a number of appeals since its inception.

In considering the second problem, we had to bear in mind the length of time it would take to cover the essential material before a student would write, and the length of time we felt it was justifiable to keep her in a school of nursing in the event that she should be unsuccessful. Students now write their qualifying examinations about nine months after entering the school. A set of supplemental examinations is offered three months after this time. By this means, students are either eligible or disqualified within a year or a little more after entering the school. (Actually it is necessary to set only one set of supplemental examinations, since students failing in June write the regular September examinations as their supplementals.)

We have taken yet another step towards standardizing student learning in Manitoba nursing schools. It has been decided to hold Instructors' Worskshops annually. At these workshops, course outlines are being formulated and when this has been fully accomplished they will be subject to annual revision. These outlines have been mimeographed and distributed to each school of nursing and each instructor in Manitoba. Each tested subject eventually will have been so considered. The outline includes a suggested minimum number of hours for each subject. Such outlines should do much to promote greater uniformity in standards of teaching and testing throughout the province.

We are grateful for the wisdom of some of our early members whose far-sighted action is bearing fruit for us today. Life insurance, in the form of endowment policies, was placed on four of our members, naming the M.A.R.N. as beneficiary. When these policies matured, the money was re-invested and the interest is to be used to award a M.A.R.N. scholarship for post-graduate study annually.

Just before Christmas, 1946, some of us were privileged to attend the graduation exercises of the first class of practical nurses trained under the government-sponsored Practical Nurse Act. Before this time many practical nurses, who had attained acceptable standards of training and experience, had been granted the license issued by the Department of Health. We now have a sizable group of licensed practical nurses ready to make their contribution to the community. Their duties and limitations have been carefully outlined and they are now employed in private homes and all types of hospitals with the possibility that their services may be utilized still farther afield.

When this Act came into effect, it brought with it a problem — different, in that it was a welcome problem. The Act makes it illegal for anyone to practise nursing for remuneration in Manitoba who is not either a registered nurse or a licensed practical nurse. There is a group of nurses in the province who have been practising without registration. Many of these nurses have been rendering splendid service and, in many instances, it may have been the result of unwise counsel that they failed to procure registration at the time of their graduation. The problem is that these nurses can no longer practise without registration. It would be placing them under a serious handicap to ask them to write present-

day registration examinations that are based on a curriculum very different from that in effect at the time of their graduation. A solution has been reached by asking the University of Manitoba to conduct a special examination for this group, based on general nursing knowledge. It is expected that this examination will be offered only once so, before it takes place, wide publicity will be given to the place, time, and necessary qualifications of candidates. Any of these nurses who do not present themselves for this examination, or who fail to qualify for registration through it, will still be eligible to become licensed practical nurses.

The Manitoba Health Plan is familiar to everyone and such undertakings of a community-wide nature are always of vital concern to nurses. The Manitoba Hospital Council, with a view to lending a guiding hand, has been formulating an outline of standards for public hospitals. At the request of the council, a committee of the M.A.R.N. has undertaken to outline, in their different aspects, standards of nursing for these hospitals. In another avenue of community endeavour, two of our members represent us on a committee set up by the Minister of Health at the request of the Advisory Commission under the Health Services Act. This committee is studying the current nurse shortage and possible means of overcoming it.

The need for the interpretation of nursing to lay people is a frequent point of discussion in nursing circles and this need forms the nucleus of one of our cherished hopes. At our forthcoming annual meeting, which is planned for April 21 and 22, a plan for an Advisory Committee to the Board of Managers will be placed before the general membership for their consideration. The committee, as outlined at present, would be composed of both men and women and would represent a broad cross-section of community thought. We feel that through this committee, our aims, hopes, needs, and problems could be interpreted much more widely than would otherwise be possible, and the advice and detached viewpoint that they could bring to our discussions would be exceedingly valuable. Such a group would be most helpful to us and, ultimately, to the community.

There are clouds, too, in Manitoba skies. One that is now almost directly above us makes us very unhappy. There has been no permanent source of finance forthcoming to support the School of Nursing Education within the university. Great was the rejoicing when the school first opened its doors in 1943, supported by the Federal Grant. The Department of Health, following our representation to it, very generously provided financial support for two years following withdrawal of the Federal Grant. This is a province with an admirable and rapidly-expanding health program. It is to be regretted that the facilities to prepare fully-qualified nurses to make a worthwhile contribution to it are jeopardized. The continuing need for the nurses who might graduate from the school is frequently expressed by people who utilize their services, but it appears that in spite of all our efforts this hard-won prize will be lost to us unless some unforeseen good fortune supervenes.

This, then, is the scene that can be surveyed from Manitoba's Watchtower. The constant endeavour of the people within the watchtower is to maintain an awareness of the everchanging needs of the community, the profession, and nurses themselves. It is only through such awareness of changing needs that our efforts can attain their greatest usefulness.

BERYL SEEMAN
President
Manitoba Association of Registered Nurses

No great ability is required to disorganize a group, but to hold people together for a constructive purpose is a challenge to the intellect.—CHARBUROUGH, 20 B.C.

Eye Care

CHARLES A. THOMPSON, B.A., M.D., C.M.

A DISCUSSION of the care and the prevention of injury to the eyes deserves to start with a brief review of the anatomy of the eye. The lids are lined on their inner surfaces by the conjunctiva which passes on to the eye as the bulbar conjunctiva and forms the superior and inferior cul-de-sac. The optic nerve pierces the sclera near the posterior pole of the eye and spreads out inside as the retina. This is the seeing layer. Beneath this is the vascular area, the choroid, which runs anteriorly as the ciliary body and iris. Then there is the outside layer, the sclera, which gives the eye its shape and runs anteriorly to become transparent and forms the cornea. The junction of the cornea and the sclera is called the limbus and is always used for defining positions of the various normal structures, foreign bodies, etc. From the cornea posteriorly, we pass through the anterior chamber (that is, the space between the lens, cornea, and the iris) and the lens, and then to the chamber enclosing the vitreous humor. The ciliary body lies a quarter of an inch behind the limbus. This is called the danger zone of the eye and from here the ciliary process is attached to the lens by the Zonule of Zinn. Returning to the lids, there is a small elevation near the inner part called the punctum lacrimale and from this point the tears begin their passage medially, then into the lacrimal sac and down into the nose. Remember this, as it is often overlooked in injury to the lids.

Before outlining the treatment and diagnosis of conditions the industrial nurse may meet, let us review what she needs by way of equipment and supplies in order to care for eye injuries:

- Adhesive
- Applicators
- Bandages (½ inch gauze)
- Binocular loupe
- Condensing lens
- Knapp's patches
- Sterile cotton
- Sterile eye droppers
- Argyrol 25%
- Atropine 1%
- Boric acid sol. and irrigator
- Castor oil
- Fluorescein 2%
- Pontocaine solution ½%
- Some antiseptic ointment, such as sulfathiazole or white precipitate of mercury.

What is expected of the industrial nurse? She should limit her treatment to acute conjunctivitis, the removal of superficial foreign bodies, the visual acuity tests, the treatment of superficial abrasions, and instruction in hygiene and preventive measures.

EYE INJURIES

Foreign bodies: The superficial eye injuries result from foreign bodies striking the cornea. The dictum, "The deeper the foreign body the more permanent the scar," is emphatically true. To remove a superficial foreign body, wrap sterile cotton about the tip of an applicator and soak it in boric acid. After having instilled a drop of pontocaine ½% into the eye, wipe gently over the foreign body and remove it if possible. Don't scrape back and forth. If the foreign body is imbedded and cannot be dislodged with this treatment, send the patient to an ophthalmologist after covering the eye with a Knapp dressing. Give a short history of the time of injury, the possible material of the foreign body, and the treatment that has been carried out.

If the foreign body is not visible on the cornea, see if it is under the lid. To evert the lid, place the patient in a good light and ask him

to look down. Stand behind him, tilting his head back against you, then grasp the eyelashes with the thumb and index finger of the left hand and pull the eyelid forward and downwards. Lay the rim of a coin or an applicator along the upper margin of the tarsal cartilage and turn the eyelid upwards.

The foreign body still may not be visible, so stain the cornea with 2% fluorescein by applying a drop in the conjunctival sac. Wait for several minutes and then irrigate the fluorescein away. An abrasion of the cornea will show up as a bright green spot. If an abrasion is present, the reflection on the cornea of the foreign body will appear as a broken line. After the foreign body is removed or if an abrasion is seen, place some sterile ointment, such as boric acid, between the lids and cover with a patch. *Be sure to see the patient the next day.* Test his vision when the eye is healed just as you did when he was first examined.

If an injury occurs at the inner margins of the lids there is a grave risk that the tear passages will be damaged. Unless the condition is recognized at once and a path for the escape of the tears opened up, complete obstruction will take place in the process of cicatrization, and the patient will suffer from persistent watering of the eyes. These conditions appear obvious but are often neglected.

Burns: Of all injuries to the conjunctiva none is more disastrous in its results than a burn, especially one due to the action of chemical irritants such as quicklime or sulphuric acid. Prognosis must be guarded, for what looks like a very small lesion in two weeks may have spread over the cornea and result in the loss of vision.

In all severe burns, both bulbar and palpebral conjunctiva are destroyed, and the raw surfaces that are left adhere in the process of healing so that the eyelid becomes firmly fixed to the eyeball. Burns of the conjunctiva and cornea due to alkali or acid should be treated by prompt flushing of the conjunctival sac with water, using considerable force. Pick out any loose pieces of foreign body and instil castor oil immediately.

If the burn is superficial ice compresses applied for fifteen minutes over the lids will relieve the pain and photophobia. Where the burns are deep, hot compresses are indicated to increase the vascularity so that the cornea will get sufficient nourishment. However, do not treat these patients yourself. Send them to the ophthalmologist.

Electric ophthalmia: This is occasionally observed in those engaged in electric welding operations and usually appears about eight hours after the eye has been exposed to the glare, the evil effects of which are due to the predominance of ultra-violet rays. The eye feels hot and prickling and there is swelling of the skin of the lids and face similar to that which is seen in severe sunburn. The tears gush from the eyes in large quantities. The symptoms gradually subside in one to two days and much relief is obtained with pontocaine ½% and ice compresses. Preventive measures are very important.

Contusion of the eye: A black eye is the simplest. The swelling and discoloration may be kept in check by application of cold, and a pressure bandage when the injury is more severe. Emphysema of the lids should be referred immediately to an ophthalmologist or otolaryngologist as it may indicate a fractured frontal or ethmoid sinus. Here a pressure bandage is indicated, as first aid treatment, with instructions to the patient to refrain from blowing his nose. The nature of this soft swelling is distinguished by its crackling to touch and the ability to increase its size by blowing the nose. Injuries about the frontal or malar regions sometimes cause blindness due to fracture through the optic foramen. A fracture of the sphenoidal fissure may cause an ophthalmoplegia externa and interna.

When the eyeball is itself damaged it is well not to trust to a purely ex-

pectant line of treatment but send the patient to an ophthalmologist with a bandage over the injured eye. Blows of some severity are complicated by hemorrhage, whether subconjunctival or intraocular. In subconjunctival hemorrhage the effused blood forms a clot visible through the transparent conjunctiva and bounded in front by the corneal limbus. The blood disappears in several days to several weeks. If the hemorrhage occurs several days after the injury, the patient may have a fracture through the anterior fossa of the skull. Intraocular hemorrhage is always dangerous but it is much more serious when in the vitreous rather than the aqueous humor. Sometimes the iris is separated from the ciliary attachment causing an iridodialysis.

There are many other complications but as they will show the eye to be seriously injured you will pass them on to your doctor as quickly as possible. Always remember that a blow to the eye may cause injury deep in the eye that may only be seen with the ophthalmoscope. If the patient complains of defective vision in any field be sure he is seen by a doctor immediately as detachment of the retina or a dislocated lens may be the cause of the complaint.

Penetrating wounds may be caused by the smallest of foreign bodies and may not be felt. Hot metal, for instance, will anesthetize the globe and give less discomfort than a superficial foreign body on the cornea. Penetrating wounds may carry with them infection. Aseptic wounds are to be found only after carefully performed operations. The difficulty in diagnosing these seemingly trivial cases will be considerably lessened if care be taken to examine the tension of the globe as the intraocular tension is diminished in these cases. Nurses should familiarize themselves by feeling the normal tension of the eye.

Any perforating wound through the ciliary region carries with it the possibility of sympathetic ophthalmia. This condition has been known to come on as soon as four days after the injury but usually does not appear for two weeks and may not make its presence known for years. In this condition an inflammatory lesion develops in the uninjured eye, the cause of which is unknown.

If a small tear in the lid or conjunctiva has been observed draw it to the attention of the doctor as it may be the portal of entrance of a foreign body and may not be noticeable by the time the doctor sees your patient.

Preventive Measures

Any program of prevention starts with proper hygiene of the eyes and suitable instructions regarding the seriousness of the slightest injury to the eye. All men or women on entering employment in a factory or shop should have: (1) Their visual acuity accurately determined. (2) The lids, cornea, and anterior segment examined for any obvious diseases or defects. (3) The field of vision studied, using the confrontation test. For this test, the patient is seated with his back to the light, two feet in front of the examiner. The patient covers one eye and with his other eye stares at the examiner's eye in front of him. The examiner covers the opposite eye, that is, the patient's right eye is covered and the examiner's left eye. The hand, with fingers extended, is moved from the periphery inward midway between the patient and the examiner. The fingers should be seen simultaneously by both persons if the fields of vision are normal. (4) Instruction in the proper care of the eyes at his work should be given early to each employee. There should be good lighting so that the worker can clearly see what he is doing without any strain to his eyes. If he is a welder he must wear his glasses; if a grinder, he is likewise taught to protect his eyes with proper shatter-proof glass or shield.

Since the employees in any plant may include a wide range of age groups, and since presbyopia, the

impairment in vision due to advancing years, alters the vision for near and distance, frequent examination of the acuity of vision is necessary. Also remember that when one eye is occluded, depth perception is lost and the patient's ability to judge distance is greatly impaired.

It would be an excellent idea to have bottles of pontocaine ½% and of normal saline in any area where men are working with lime or acids as the end result depends on the speed with which the material is removed from the eyes and treatment is begun. Always remember to put in castor oil or a substituted oil following a burn.

Fluorescent Lighting

The Committee on Industrial Ophthalmology has made a report concerning the effects of fluorescent lighting on vision. Since this type of lighting is being used much more frequently, it will be useful to nurses to have this information:

1. Light from fluorescent lamps resembles daylight more closely than that from tungsten-filament lamps.
2. Ultra-violet energy from clear, blue sky is four times as great per foot candle as fluorescent light.
3. Fluorescent light generates less heat per candle power than tungsten lamps.
4. Glare occurs in any system of lighting. Its solution rests with illuminating engineers.
5. Twenty-foot candles are essential for reading and higher levels of illumination are desirable for prolonged seeing.
6. Excessive light may produce symptoms of eye-strain in susceptible individuals regardless of source.
7. Noticeable flicker is largely eliminated in modern fluorescent installation.

Summary: Fluorescent light is not harmful to vision. It should not cause eye-strain if properly installed.

Acute Diseases of the Eye

Styes or chalazions: The treatment should start with hot water compresses every three hours. Argyrol 25% should be instilled followed five minutes later by irrigation. This should be done every three hours. Be sure the argyrol is fresh at all times.

Acute simple conjunctivitis or pink eye: Here the palpebral conjunctiva is infected and edematous. The emergency treatment is argyrol 25% instillations with irrigations five minutes later, adequate care being taken as this condition is contagious. Remember, do not apply a patch in conjunctivitis.

Corneal ulcers: Stain the affected eye with fluorescein. If an ulcer is suspected, the patient should be sent immediately to the doctor for treatment as this is a potentially dangerous eye condition.

Iritis: Here there is ciliary infection about the limbus with an iris which reacts poorly to light and is tender over the ciliary zone. The pupil is also small and the eye painful and sensitive to light. As the treatment is difficult and long, refer the patient to the doctor. In the event of unforeseen delay, if an iritis is suspected, instil atropine 1% in the eye as the sooner it is dilated the better the prognosis.

Conclusion

If you want the eyelid closed, as in the presence of a superficial foreign body, place a pledget of cotton on the upper lid just below the brow and then apply the patch. This, as you can see by using your finger as a pledget, will keep the eye closed. When fastening the patch in place, do not put the medial strip of adhesive near the corner of the mouth. The patient will not be able to open his mouth without discomfort and if he does open it he is likely to tear the adhesive away from the skin.

To apply hot water compresses, get a wooden spoon, fill it with cotton, cover this with a gauze bandage, and tie it securely around the spoon handle. The patient can then apply his hot water compresses for himself without burning his fingers or contaminating the compress.

To place drops into the eye, have the patient look up, pull the lower lid down, and set the drop on the conjunctiva, not over the cornea. Do not touch the lid with the dropper.

It is easier to be controversial than constructive.—Peter Howard

Nutrition Education and the Public Health Nurse

H. Ruth Crawford

Unquestionably, the practice of good nutrition would be futile in a society where all other aspects of healthful living were unobserved. On the other hand, no public health program is completely adequate without the inclusion of many factors related to nutrition.

The fact that the nutritional status of most people in Canada today is probably at a higher level than ever before is not cause for an attitude of apathetic indifference towards nutrition. There are still many families whose food habits are far from desirable and who stand to benefit from some form of practical, effective nutrition education. Poverty is seldom the sole cause of poor nutrition. It is frequently ignorance or disregard of food values and the relation of food to health that is the chief problem. Because a family has a sufficient amount of money to buy an adequate diet does not assure that they will obtain it unless they know what an adequate diet is.

What, then, are the most effective ways of disseminating information about nutrition to these families? There are obviously three major channels through which one may attempt nutrition education: (1) The mothers in the homes; (2) the children in school; (3) community organizations.

With respect to group 1, the mothers, one is aware of the numerous agencies, commercial and otherwise, already distributing large numbers of calendars, pamphlets, and posters on nutrition to them. In addition, cooking schools of the air may be heard at almost any hour of the day, and nutrition has become a frequent subject of speakers at women's meetings. Unfortunately, those who actually benefit most from such numerous and costly educational procedures are almost invariably the ones who are least in need of them. It is the alert, intelligent woman who avails herself most often of the educational opportunities presented to her, while the one who lacks interest in nutrition, and is consequently careless about her family's eating habits, remains unaffected. Experience has shown that by far the most effective means of arousing the interest of such a person in good food habits is through personal contact in the home. Few communities are large enough, or have sufficient finances, to have a nutritionist on the public health staff. The responsibility for nutrition education in the home, therefore, rests with the public health nurse, who, better than anyone else, is aware of the homes most needing advice, and is able to gain entrance freely to them. A few simple, practical suggestions made to the mother concerning a particular problem encountered in feeding her family is of much greater value than volumes of confusing literature left at the home.

Thus the visiting nurse must have an appreciation of many factors related to nutrition if she is to meet the highest standards of community care. It is imperative that she be capable of instructing pregnant and lactating mothers in the need for an adequate diet to protect their health, to furnish the materials needed for the baby's growth and development, and to maintain lactation. Then, by stressing the need for developing good food habits in the infant as he begins to eat solid foods, the nurse may stimulate a greater interest in nutrition for the whole family, since their attention is, of course, focussed on the well-being of the young child. The first five years of life are the years during which a child acquires basic, lasting habits. The public health nurse should,

therefore, make certain that mothers of preschool children in her district are well aware of the foods which their children should have, and of the need for developing as wide a range of food likes as possible. In addition to securing an adequate diet, these children should receive a special source of vitamin D daily, and it should be stressed that they not be given sweet foods, such as cake, soft drinks, and candy.

In many homes, knowing what to feed the child may be less of a problem than getting the child to eat what is served him. In such cases, only a few helpful ideas may be needed to overcome the difficulty. For instance, a child may refuse to take cod liver oil when it is thrust at him by an over-anxious mother, whereas if he is allowed to pour it for himself, it becomes a new responsibility for him, which he takes pride in performing. The introduction of new foods, as of disliked foods, frequently causes an undesirable scene. Mothers should be cautioned to give such foods in very small amounts, and along with foods that are very well liked. At the same time, the adult attitude should be one of unconcern, of simply expecting the child to eat, rather then coaxing and bullying him into it. The child then realizes that his refusal to eat is not getting him any attention and, since his main incentive for not eating is gone, he settles down to enjoy his meal. By assisting parents in this way to develop in their children proper attitudes towards food and habits of eating which contribute to normal growth and development, the public health nurse can do much to eliminate malnutrition and impaired health.

Some mothers may wish to have guidance in food purchasing and menu-planning. Naturally, a plan that suits one family may be quite inappropriate for another. Such things as the family's size, existing dietary habits, social customs, and economic status must all be taken into consideration. The amount of kitchen equipment available will likewise have an effect on the nature of the meals that are prepared. For example, a family with a coal stove burning all day will be able to prepare cheaply dishes such as beans and stews, which require long slow cooking. A family with a gas-range might find these foods uneconomical because of the large amount of fuel required. There is a great deal of illustrative material, available on request from government agencies, which may be of assistance in this connection, provided the nurse interprets the material to the individuals, pointing out the application to their problems.

To have a better understanding of food economics and the relative monetary and nutritive value of the food dollar, the nurse should go to the stores or market in her district, and actually price foods, looking for quality in them and learning in what units food may be purchased most economically. In this way, she acquires a practical knowledge of the situation that she could gain in no other way. For instance, she discovers that bulk goods can be purchased much more cheaply than packaged, that topless carrots are only half the price of imported ones with tops, that minced shoulder of beef gives twice as much for the money as minced round steak, yet is just as good for meat loaf or pie. By careful inspection of the various packaged cereals for sale, she learns to recognize which are the very nutritious whole-grain variety, and which are the expensive, highly refined type, lacking in essential nutrients. The aim is not to make nutritionists out of public health nurses, but rather to equip them with the right kind of information so that when they enter homes where children are living on diets of cake and coffee, they are in a position to give much needed help and suggestions, and are able to interpret the facts to suit the family's particular requirements.

The public health nurse is always in very close contact with children in schools. Here, there is every

opportunity to carry on an effective program of nutrition education as an intrinsic part of the general health program. No school curriculum in health is complete unless it includes this subject, and the nurse should be able to give the teachers much assistance in preparing their lessons. The aim of the nutrition teaching should be to provide the children with sufficient knowledge of the foods essential for healthful living that they may be able to select food intelligently and permanently establish good food habits. As mentioned previously, nutrition education is especially important for the very young children, since their food habits can be influenced with much less difficulty than those of older children, who have become quite fixed in their ways. However, children of all ages need this phase of education while at school, for there is little assurance that the great majority of them will ever receive adequate nutrition education elsewhere. This learning holds much of immediate value for all pupils and is of potential value for the citizen of the future. At the same time, this information which the children carry home from school is almost certain to be transmitted by them to their parents, who might not have been reached in any other way.

If nutrition teaching is to be most effective each teacher should be made aware of the major defects in dietary habits prevalent among the children. The public health nurse can aid materially in this way, by pointing out what food habits she has found need changing, and what teaching methods will produce the best results in terms of improved health. For example, she may have observed that many of the children are refusing to eat vegetables at home. She may then advise the teacher of this and suggest that the pupils be asked to bring to school one kind of vegetable each. These may then be studied in class and perhaps made the object of a "tasting party." In this way the strangeness of the various vegetables disappears and the children develop an active interest in them. Similarly, the nurse may have found the consumption of milk by the children inadequate. By informing the teacher of the situation, some class activity which would stimulate an appreciation of milk, such as a poster competition, might be organized.

The school lunch program is an excellent practical application of nutrition teaching and, if well-planned, serves two important functions. It not only directly improves the nutrition of many of the children, but also has definite educational values which should be understood and utilized to the fullest extent. Many schools neither need nor have a complete lunch program but, where one is in operation, the nurse should give attention to the nutritive value of the meals served, the eating habits of the children, and the sanitation of the lunchroom. The meals should provide generous amounts of the protective foods, whole-wheat bread rather than white, no cake or pastry, and should include as wide a variety as possible of vegetables. Candy and soft drinks should not be for sale in the school lunchroom. They both diminish the child's appetite for more essential foods, and develop a greater taste for sweet foods, thus promoting tooth decay. It is chiefly rural children who must stay at school for lunch. If it is impossible or impractical to provide them with a complete noon lunch, the interest of the parent-teacher association might be aroused in providing at least one hot dish for the children to eat along with the lunch brought from home. The necessary equipment costs very little and the results will be well worth the small amount of effort involved in preparation. Occasionally it is necessary to provide some children with special supplements daily. The public health nurse may find supplements such as cod liver oil or milk, advisable in certain districts where they are unobtainable either from economic causes or unavailability; when this is the case, it should be drawn to the attention of the proper authorities.

The third channel through which the public health nurse can work to improve the standard of nutrition includes community organizations and agencies interested in health activities. She can effectively guide them in their projects and make suggestions for their programs, based on local needs. If obvious nutritional defects are present she can enlist the cooperation of community groups in overcoming them, and stimulate their interest in developing necessary facilities and services for the early recognition and correction of physical defects which may interfere with normal nutrition, such as decayed teeth, diseased tonsils, and faulty posture.

Prenatal and well-baby clinics play such an important role in the general health program, that they are flourishing in almost every community. It is especially advisable that the public health nurse or the doctor provide expectant mothers and mothers of young babies with such nutritional information as they may need to ensure their optimal nutrition.

At these clinics, and at special nutrition meetings or club programs into which some aspect of nutrition education is introduced, it may be worthwhile to distribute printed pamphlets or illustrative material. These are of most value when they are directed toward a definite end and serve to emphasize a specific point that is being made. Films and slides may also be used effectively at group meetings to develop interest and clarify thinking with regard to a certain situation. The public health nurse should be aware of all available sources of educational materials in nutrition and make use of them to best advantage.

Again, it should be pointed out that nutrition is only one factor affecting health and, therefore, should not be emphasized in the general health program to the exclusion of other related factors. However, nutrition education can be developed in conjunction with other phases of health education in such a way that the balance of all the factors that make for healthful living becomes apparent and significant. The public health nurse has a continuing privilege as well as a responsibility in being able to play a large part in bringing this knowledge of health and happiness to everyone in her community.

Salt as Sausage Preservative

Tests conducted over a period of nine months have disclosed that fresh frozen pork sausage prepared without salt keeps better than the same product prepared with salt. These tests were made to determine a satisfactory method of preparing sausage for freezing to provide maximum stability, appearance, and palatability. It had been found that fresh frozen pork sausage developed rancidity after relatively short periods of storage at temperatures of 0 and 15°F.

Three lots of sausage from the same initial stock were identically prepared except for seasoning ingredients. One lot was seasoned with sage, pepper, sugar, and salt. Another contained sage, pepper, and sugar only, and the third contained no seasoning. Samples were prepared from all lots, frozen at zero degrees, placed in storage at that temperature, and every thirty days portions were removed from each lot and submitted to chemical as well as taste tests.

At the end of three months it was noted that the sausage which contained salt had deteriorated in appearance, flavor, and odor. After each succeeding month of storage and subsequent examinations, the samples containing salt continued to deteriorate in all respects. The tests indicated that seasonings other than salt had but little effect on the development of rancidity in the sausage during freezing, storage, and cooking. On the contrary, the type to which sugar, sage, and pepper had been added were slightly more acceptable and had lower deterioration values than the type to which no seasoning had been added.

—*News Notes No. 55*

Learning Activities

The Late KATHLEEN M. STANTON

EVERY course which is included in the curriculum for the education of student nurses must have certain definite characteristics and effects if it is to prove worthwhile. Inherent in the subject matter of the course will be certain abilities which, by their effect on the student, will result in learning. Each course should affect: What the student *thinks* (an intellectual ability); what the student *does* (a motor ability); and what the student *feels* (an emotional ability). In the process of interpreting the material in each course to and with the students, the teacher has the opportunity to turn all of these responses into the desired channels. The end result of this change will be the *product*. Thus the products of thinking are: understandings, ideas, concepts, knowledge; the products of doing result in the development of habits, skills, the ability to do things; the products of feeling lead to the formation of attitudes and ideas, an appreciation of the patient as being more than just a case but an interesting personality as well.

The teacher must plan, organize, and control the learning situation in such a way that the student's response will be satisfactory in all these abilities. The teacher must learn to estimate the effect upon the pupils. She knows from the beginning the effect, the product she wants to develop, and she should be aware of the activities that will achieve the desired end. It is important to remember that the student, too, has an aim. It may or may not be the same as the teacher's. Before effective learning can take place there must be a blending of these different goals. The teacher cannot take all of the responsibility for setting the goal but motivation is all-important.

Learning is most economical of time and energy if it is methodical. The various "methods" used in teaching should be evaluated in terms of certain criteria. When she has honestly searched her own mind and practices and has answered the following questions, the instructor will be able to judge if she is proceeding in the right direction.

Why is she teaching? To be more specific, why does she teach student nurses? She is not only giving the students an insight into all the things to be learned about nursing, she is helping young women to develop as individuals. The majority of the class will be late teen-age girls, many of whom have never lived away from home before. Therefore, all of the *needs* of late adolescence must be met — cultural, social, and professional needs. These students must also be provided with a *challenge*— the higher the intelligence of the group as a whole, the greater will be the challenge that they can meet.

This leads on naturally to the second question the instructor should ask herself: *Whom* is she teaching? With large groups of students there is a tendency to disregard the fact that each of them has individual interests, individual strivings, individual problems. Until she knows something of the background of each student, the instructor cannot draw the best from each. One of the most important steps in this recognition is that each instructor or supervisor who works with the students should quickly learn their names. There is something baffling and slightly ignominious for the young student when she loses her anonymity in a group.

The well-qualified teacher can answer the remaining questions quickly: *What* she is teaching; *how* she is teaching. She knows that only the most modern, scientific material should be given to the students. She knows that, in order to have this information readily available,

constant preparation on her own part is both essential and inevitable. There can be no such thing in nursing as the re-hashing of subject matter from year to year. Even in such a course as the history of nursing, contemporary developments must have a place.

How does she teach? The beginning of learning is *frustration* — our learning is being blocked. In our endeavour to overcome this blocking, we think, act, and do differently. Eventually, with mastery of the problems, learning ensues.

The lecture method without student activity is being more and more discarded. In its place, the *socialized* methods are being used with planned active participation on the part of the students. Included in these methods are: individual conferences, group conferences, discussion groups, nursing clinics, demonstrations, nursing care studies, lectures, with plenty of student activity.

Discussion is a very fruitful method of learning if certain conditions are observed. The students are likely to be mentally alert and stimulated. The effort each makes to express herself clearly is in itself of great value. Ignorance and misapprehensions are quickly revealed and can be dealt with immediately. The chief difficulty with discussions is that the more self-assertive individuals are likely to talk too much, while shy students may never voluntarily say anything. There is a danger that irrelevant material will be introduced and side-track the main topic. It is important, therefore, that the problems to be discussed be carefully defined and delimited. At the same time, all aspects of the problems must be brought out and the students must be made aware of all of the implications involved. Participants must have had an opportunity to do some preparation; then, with the discussion focused on the problem, the group proceeds to look for the correct solution. Some sort of summarization must be given at the end of the discussion. Some form of activity grows out of the conclusions which have been reached together.

Applied as a socialized method, the lecture becomes modified from the expert telling the group, a one-way process, to a sharing in which the teacher and pupils co-operate in the development of the ideas. A few important guides will assist the instructor to use this method more effectively. It is axiomatic that attention must be aroused. Never introduce any of the more important elements of the lesson in the first few moments — wait until attention has been accurately focused. Even in adults, the span of attention lags as the lecturer's voice goes on and on. Questioning becomes an important part of this method, therefore, to break the monotony of one voice and to permit of student participation. Stress should be laid on the questions which the learners ask of the teacher. Such questions are a natural manifestation of interest which the teacher should welcome heartily.

The use of textbooks, reference readings in current periodicals, summaries, etc., should be a recognized part of the students' experience of learning. Illustrations, visual aids, the direct handling of equipment are all important aspects of study to which the student should be referred. Even a subject which is exceedingly interesting may have some dull or distasteful parts. Once the student realizes the vital connection of these parts to the important objectives which have been set, she will tackle them with the same energy. Study is drudgery only when it is unwillingly done because it seems valueless.

Nursing care studies are valuable means for the student to consolidate what she has learned. They often result in the emergence of new problems or subjects for study and thus are a constant stimulus. The following points should be given to the student to serve as guides in her study of an individual patient and the particular nursing problems associated with his illness:

1. What sort of a person is that patient?

2. How bad is his disease? (This should take in the interpretation of the laboratory findings but only as it relates to nursing care.)

3. Purpose of the doctor's prescriptions. (This should include the therapeutic principles involved.)

4. Plan of nursing care—problems to meet. (The younger student deals with just the immediate problems. The more senior student deals with the immediate and long-term problems.)

5. What is the nurse's plan for teaching health principles to this patient?

6. What is her plan in getting this patient ready, e.g., for surgery? for any new treatment? to go home?

Encourage creative writing in the nursing care studies — not just the notation of facts according to a stereotyped plan.

The demonstration lesson aims, as its primary purpose, to develop the student nurse's ability to perform various skills efficiently. "We react as a whole to a whole situation." Therefore, an observation of the particular technique being carried out on the ward gives a vague concept of the completed procedure before it is demonstrated in the classroom. When the actual demonstration is given, the purpose of the procedure should be explained. A list of the necessary equipment should be given to the student prior to the demonstration so that she may anticipate each step in the preparation. The preparation of the patient to receive the treatment is stressed. In teaching the actual procedure, emphasize each step, the key points. These can be drilled upon later. The after-care — first of the patient, then of the equipment — will round out the lesson. The summary should be given by the students.

Do not clutter up these demonstrations with too many explanations. The procedure being taught should be dramatized to make it appear lifelike— exactly as if it were being performed on the ward, with the conversation directed toward the patient. Since she has had the procedure-sheet given to her beforehand, the student knows what to look for. Further explanations may be necessary following the demonstration. The student should practise the whole procedure then drill on the actual manipulation involved. She should be supervised for the total procedure on the ward, both to observe her mastery of the technique and to watch the timing.

One of the most important details of work the instructor in a school of nursing has to do is to plan for the most effective use of the physician's time as a teacher. Some guide to the purposes behind his lectures, and the points that it is desired he shall cover, will aid him in the preparation of his lessons. Taking as an illustration the medical lectures the physician will give, the following objectives might be outlined:

1. To give the student a general understanding of the diseases and conditions requiring medical care and treatment with special emphasis upon the most common and most dangerous.

2. To give the student a thorough understanding of medical principles in order that she may be able to apply them in carrying out all the doctor's orders and efficiently reporting symptoms and effects of treatments.

3. To give an appreciation of the patient as a member of a community who must be helped physically and mentally toward complete recovery.

Building on those objectives, a list of the points that he should cover would include the following:

1. To give a general knowledge of medical diseases (cause, pathology, complications, symptoms, treatment, and prognosis).

2. To give curative and preventive measures, pharmacology and therapeutics, in connection with each condition.

3. To give a thorough understanding of medical principles and practices in order that the nurse may carry out the doctor's orders efficiently and be able to report symptoms and effects of treatments intelligently.

4. Subject matter included should serve as a rock foundation upon which to base their medical nursing classes.

5. Patient should be studied as a member of a community and students should be interested in their means of recovery and rehabilitation.

6. An appreciation should be given of the great need for the application of mental hygiene, diet therapy, and health teaching in the care of medical patients.

7. To develop a personal responsibility for early recognition of medical conditions and the importance of early diagnosis.

8. To stress the most common and most dangerous medical conditions.

In conclusion, the accompanying graph, taken from page 19, *Technical Manual*, No. 21-250, Army Instruction, issued by the United States War Department, April 19, 1943, will illustrate how the complexities of the lesson-planning procedure can be simplified if thought and care is given to each step.

LESSON PREPARATION

Preliminary Planning

Determine lesson objective.	Formulate lesson title.	Analyze lesson materials. Determine key points.	Determine relation to earlier lessons and students' background.	Determine teaching aids, equipment, and materials needed.	Plan methods of introducing the lesson to students.

Presentation of New Materials

List teaching points.	Select illustrations and demonstrations.	Select methods of presentation.	Plan application.	Prepare test questions and problems.

Summary and Review

Prepare for summary and review of lesson.	Prepare assignments and references.	Allocate time to each part of lesson.

It's Not the Patient ... It's the Visitors!

NONA BLAKE *as told to* LOUISE PRICE BELL

MOST patients are pretty reasonable — some of them are grand. It's the visitors which my patients have that get me down when I'm on a case!

Of course we all expect a certain amount of questioning and doubts from the immediate family if something we are doing for our patient seems painful or unpleasant. It doesn't make a bit of difference that you are following the doctor's directions out to the letter — they wonder if Dr. Smith "really meant you to do it if it bothered Mary so much!" We all experience times like that, but it's the visitor I hold in awe — not a member of the family, just the casual friend or acquaintance, member of the patient's club, wife of her husband's boss . . . ad infinitum.

No visitor should stay long when visiting a patient, particularly a post-operative one. The smartest visitor I ever knew came every other day to see her friend *after* she had definitely understood from the doctor that visitors were welcome.

She always stood, even though I always urged her to be seated. After several days my patient asked her why she never sat down and made herself comfortable. "That's just why I don't sit down," the friend laughed. "I would be so comfortable that I would stay on and on and you would be all tired out when I left. Long ago I made it a practice to stand while calling on an ill person; when I begin to shift my weight from one foot to the other, I know it's time I left."

Wouldn't it be a godsend to our patients if we could post that sane rule on the foot of every bed?

So many visitors are inclined to forget that the patient may not like to be jostled the least bit; they no sooner get in the room than they perch upon the bed, or lean over with one arm pressing it, as they talk. To avoid this, I always try to offer a chair which is at a strategic spot — where the visitor cannot touch the bed and where the patient will be able to see her caller without craning her neck or going to other uncomfortable extremes. Often I have switched the furniture about in hospital rooms while the patient was still in those first "bad days" so that when the time came to lift the "no visitor" ban and her friends started to flock thoughtlessly in, the chairs would be in the best positions for the callers.

Some people have naturally loud voices, and these invariably tire an ill person to whom soothing and quiet are important. With these people I have found that, if handled tactfully, they may be allied with you and feel rather important if you tell them that every little noise seems to bother "Mrs. So-and-So," and that you know that you can depend upon *her* to be as quiet as possible. If you add: "You might even mention this to her other friends," the loud-voiced person will not suspect that your entire efforts are really to keep her voice gentle.

Often food that is brought to a patient by well-meaning friends is not the type she can eat. A good nurse must handle that situation tactfully and can do so by graciously thanking the friend and carrying the food away to be properly stored. Often the subject never comes up again, whereas if you said: "Oh, I'm sorry, Mrs. Smith can't have any fruit!" the visitor would be crestfallen, and you wouldn't have accomplished a thing except to make her feel unhappy.

The longer I care for people as patients, the more I realize what a large part in their recovery and convalescence psychology plays. A mere mention of a subject in any way related to an unpleasant memory, or incident, will often start a patient off in a train of gloomy thoughts. If your patient is so ill that you have to stay in the room while her visitors are present, watch for any such conversational flaws and do your best to direct the discourse into other channels.

It it weren't for visitors, a nurse's job wouldn't be half so bad — at least that's the way it seems to me. If you agree, it wouldn't be a bad idea to leave your copy of this magazine within reach of one of your patients. She might learn something that would help her when she is well and takes on the role of visitor herself!

Streptomycin

Streptomycin has been found to have very little value against bone infections, except when used in conjunction with surgery where there could be direct application.

Thus far it has not given dramatic results in peritonitis, but its continued use as an auxiliary treatment seems justified.

In various dysenteries, due to susceptible bacteria, considerable benefit has been noted, sometimes when the drug is given by mouth alone.

The substance has little value against typhoid fever and it is apparently of no use in controlling carriers of this disease.

Excellent results have been obtained with direct application of the drug to infections of the external ear, the pleural cavities and the brain.

Serving Hospital Meals Attractively

BARBARA BELL

FOOD is not only one of the vital necessities of life but, also, as much a curative agent as many medicines. To the hospital patient the meal tray marks off the important events of the day. It may be eagerly awaited or casually and indifferently accepted. The thoughtful department will attempt an attractive and compelling presentation.

The attractiveness of the tray depends upon:

Seasonability: The weather exerts a definite influence on both the appetite and body needs. Recognition of the debility produced by hot weather should be shown in summertime meals. Simple foods, interesting in color and fresh in form and texture, with a combination of chilled or frozen dishes, should generally, but not completely, replace those rich in fat and energy value. Some foods are definitely substandard at certain times of the year, e.g., grapefruit is inferior in texture and flavor from June to October, so should not be used extensively during these months.

Meal planning: Planning menus for a definite cycle of time has proven an efficient means of obtaining meals of maximum interest. Provision should be made for considerable flexibility. "New dishes beget new appetites," according to John Ray. Monotony should be avoided by limiting the use of any particular food constituent to once in any given meal. For instance, cream of tomato soup and sliced tomatoes should not be served at the same time. If a food appears in two successive meals it should be presented in markedly different forms. Variations are obtained by serving food raw or cooked, peeled or unpeeled, or cut into different shapes and sizes. Consideration of color helps avoid monotony and provides interest in the meal.

Food preparation: Food preparation conserves the nutritive value of the food, improves its digestibility, enhances its flavor and palatability, and retains the attractiveness of its original color, form, and texture. Quick cooking of vegetables and fruits, with a minimum exposure to air, results in the least loss of nutrient elements. Cooking in small quantities allows for heat penetration throughout the mass without over-cooking with the consequent loss in food value and original flavor. The volatile substances that produce the flavor may be driven off or changed to other compounds less enjoyable; for example, the undesirable effect of long-continued cooking on cabbage and cauliflower is well known.

The effects of cookery on color, form, and texture are also important factors in the palatability of food. The preparation should be focussed on maintaining the color found in the original state of the food, such as the green in beans and the red in beets. Foods may be prepared so that the original form is maintained or another form as pleasing is produced. Baked apples, boiled potatoes, and broiled steak are examples of food which, if well prepared, should show little change in their original form. Sliced or diced vegetables and all "made" dishes show changes in form from that of the original food or ingredients used. The slices or forms should be uniform in size, thickness, and shape to lend ease to serving and eating. The form of the slices or other shapes should be apparent as such and not be a conglomerate mass.

Texture may be maintained in the natural state, softened as in fruits and vegetables, or hardened as in pastries, batters, and doughs. The food preparation should maintain or develop the texture considered characteristic of a given standard product, whether boiled potatoes or cake. Due thought is not always

given to the influence exerted by the form and texture of food upon the attractiveness of the tray service; for example, salad ingredients too finely shredded, the creamed dish with a "pasty" consistency, carrots and turnips cut into pieces too large for daintiness, meat that looks scrappy, and potatoes so large they appear to dominate the plate.

In serving fresh fruits and vegetables the cleanliness, crispness, and freshness, together with its appeal in color and form, either natural or achieved, affect the attractiveness.

Chilling is important in the preparation of many dishes. All fruits and vegetables to be served raw are more palatable when properly chilled. The old adage, "Serve hot foods hot and cold foods cold," cannot be ignored in successful food preparation.

The problem of satisfactory vegetable service is particularly difficult. Keeping cooked fresh vegetables on steam table for several hours before they are served destroys the color, vitamin content, and palatability. Vegetables should be cooked in small quantities so that the steam counter is replenished with freshly cooked food so as to act as a point of service rather than a place of storage.

Tray service: The type of tray used should be of such material that it is easily kept clean and is not readily marred by constant usage. It should be sufficiently large to accommodate the meal planned, without appearing crowded.

For most people the attractiveness of the service is determined by the use of clean linen, freshly and carefully laid. When paper tray-covers are used extra care is required to prevent them coming awry on the smooth surface of the tray.

All silverware must be durable and serviceable and at the same time attractive in line and design. Well-kept silverware lends charm and dignity to the service. Constant attention is necessary to remove tarnish and stains of various kinds.

In one hospital it was found possible to reduce the number of employees by the use of paper dishes. This change in standards might be accepted without protest but only under emergency conditions. Conservative but attractive designs of vitrified china seem the most suited to hospital use. Gaudy designs in the centre of the plate appear to leave little room for food. The glassware should be of good quality. It is important that china and glassware be well washed and shining and that those pieces chipped or cracked be removed from service. The effect of an otherwise attractive meal will be spoiled by damaged or poorly washed tray equipment.

The portions of food served should be such as appeal to the appetite. Small amounts, pleasingly arranged, revive the jaded interest in food. With a little thought and imagination an artistic piece of work can be accomplished. As in the words of Shakespeare, "They are sick that surfeit with too much, as they that starve with nothing."

One of the old and recognized means of serving attractive trays is by the use of flowers. These are not always available. Name-cards and materials from the woods can be ingeniously and inexpensively used to add charm and interest, with variations to fit special days, anniversaries, and seasons.

Every patient is an individual with likes and dislikes, peculiar complications, special needs, and variations in ability to use certain foods, and the tray service must take the individual into consideration. Therefore a psychological understanding and sympathetic approach toward the patient is necessary. Some one has said, "After a good dinner one can forgive anyone, even one's own relatives."

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Bedside Nursing — An Essential Service

CHRISTINE E. CHARTER

IF IT WERE possible for everybody in Canada who needs nursing care to secure it, the nursing profession would not be nearly so concerned as it is at present with self-analysis.

The problem which is disturbing most of us is the desire for change. The general public will not be satisfied with pre-war standards of medical care — they want good medical care, including nursing services, extended throughout the Dominion. For proof of this we have only to think of hospitals, large and small, crowded to capacity; of the growth of graduate staff nursing in hospitals; of the great demand for private duty nursing; of the increase in bedside nursing visits made by the Victorian Order of Nurses, or of the trend towards giving more bedside nursing service by official public health agencies. We realize that there is extremely uneven distribution of nursing care; we know that the need for change is being felt generally, also that such a need may shortly become a demand and that demands usually result in action. It is for us to decide whether some action to provide this essential service is to be taken by us as a professional group or by lay bodies or by both. While lay groups might possibly be more concerned with quantity of service, we, as nurses, should surely make the most of our opportunity to see to it that the quality of nursing care is emphasized in any plans which may be made.

There is evident at present a feeling that, before more adequate service can be provided for the public, changes must take place within the profession itself. If this be so, each nurse should know very clearly in what direction she wants change and how it is to be obtained — whether by coercion or by the democratic method which, surely, if somewhat slower, produces better and more lasting results in the end. We should each know what has already been accomplished and should have some concrete suggestion to offer regarding what more we think should be done. In other words, through our own existing organizations we should study proposals, legislative and otherwise, which will affect both the medical and nursing care of the Canadian people as well as our own interests.

One of our greatest problems is in bringing together the people who really need each other — in relating the skills, experience, and personal preferences of the nurse on one hand, to the needs and geographical position of the employer (hospital or individual patient) on the other. As a beginning it might be useful if each community could assess its own available resources and methods of supplementing these resources. Nurses, often forming one of the largest professional groups in a community, could certainly find much to do along these lines, both in investigation and in the interpretation of findings to the community. In centres where such surveys have been made one is immediately confronted, of course, with the actual shortage of nursing personnel, which brings us directly to the question of why so many nurses turn from the bedside nursing for which they were trained to other branches of the profession.

The Victorian Order of Nurses provides a combination of bedside care with public health nursing, and affords ample opportunity for one to hear reasons pro and con bedside nursing as it affects the nurse herself either in an organization or a hospital. Financial security and hours of work have been discussed frequently elsewhere so I would mention briefly a few of the other comments sometimes heard. One is that there is less opportunity for ad-

vancement and for keeping up-to-date in the bedside nursing field than in other phases of the work. Educational opportunities are as much desired by the nurse giving daily care to a patient as by the nurse teaching or supervising. Facilities for greater variety of clinical experience in different parts of the country would be appreciated by some nurses; more of the effective in-service programs already in existence in some hospitals, with planned staff education; conferences with, perhaps, renewed emphasis on the needs of the individual patient; and libraries, are all projects to which each nurse can contribute and which, in smaller centres particularly, will help to keep her abreast of the times and enthusiastic about her own field of work.

Another objection, expressed perhaps more frequently of visiting nursing, is that the case load is sometimes largely made up of the chronically ill. Visiting nursing organizations give care to acutely ill patients in their own homes on a part-time basis, and these medical, surgical, obstetrical, or communicable disease cases do undoubtedly require professional nursing, but it is true that for various reasons a great many people suffering from chronic illness must also be cared for in their homes. Theoretically, such care is given by the nurse only until the family can give it adequately or until other arrangements can be made. It would seem that by relieving professional nurses of many hours of tedious care that can be given equally well by practical nurses or nursing aides, each graduate nurse could use her special skills and training to greater advantage as well as extend her activities over a wider area. The practical nurse could assist without ever being totally responsible for the complete care of any patient. The patients whom she visits alone would be those with long-term or minor illnesses, who, at the time of her visit, require little or no teaching and whose needs at that time can be filled satisfactorily by the practical nurse. Nursing still fears the encroachment of the subsidiary worker in the fields of private duty, institutional, and visiting nursing, and this step should, of course, be contingent upon the proper training and licensing (provincially) of the practical nurse. However, the volume of service required to provide all our people with good nursing care requires, too, that the service of professional and practical nurses must be so planned that each type of worker can have the satisfaction of giving the type of service for which she is qualified.

Again, much time is often spent by the bedside nurse in clerical duties. Clerical time is still somewhat cheaper than nursing time, although a good worker of this type is almost equally difficult to obtain. Making provision for removing all purely clerical tasks from the nurse would again free more of her time for that work for which she was actually trained. The same holds true about the employment of maids, possibly on a part-time basis, by the larger organizations at least. A maid who cleans a nurse's bag or hospital equipment is saving time and money for the agency or institution, while the nurse would not feel that she was once more doing something which, though necessary, could be managed equally well by an unskilled person.

Turning back to look at the problem of providing an essential service from the general point of view, organized nursing is we know, acutely aware of the insecurity of many nurses, of the fact that salaries are too small for their needs and insufficient reward for their trained skills. Yet nursing costs are becoming too great for the public to bear, and now, in common with several other countries, we have reached the time for re-organization. Doctors, nurses, and the public must agree on the best way to supply medical and nursing care to everybody, with due consideration for each group involved, whether by a contributory scheme of health insur-

ance or by some other method. Whatever the method it will require more nurses to do bedside nursing than are at present available. In this period of unrest do we first of all need to examine our own attitudes and rediscover that enthusiasm which sees in each patient the opportunity to study and serve an individual and through him a nation? A recent editorial in *The Canadian Nurse* said of bedside nursing: "The actual day-by-day care of sick persons is the most exacting, the most difficult and in the long run the most satisfying." Whatever the method, it will require co-operation and co-ordination within our own profession, the simultaneous action of groups studying and working and planning together to enable us to become a force for initiating a new quality of health in our country and security in nursing.

Enrolment in University Schools of Nursing

WITH the need for qualified personnel in our hospitals and public health organizations greater than ever before in the history of nursing in Canada, interest is focused on how many persons are enrolled in the various university schools and departments of nursing across the Dominion. In order to have accurate information, the Canadian Nurses' Association sent a questionnaire to each of the universities which enrol students for either undergraduate or post-graduate nursing courses. The accompanying tables present the summary of the information received for the session 1946-47.

A total of twelve universities in Canada include courses in nursing in their calendars. Some provide undergraduate courses and experience (1); others enrol only graduate nurses

TABLE I

UNIVERSITIES WITH SCHOOLS AND DEPARTMENTS OF NURSING

	(1)	(2)	(3)
Alberta			x
British Columbia			x
Manitoba		x	
McGill		x	
McMaster	x		
Montreal		x	
Ottawa			x
Queen's			x
Saskatchewan	x		
St. Francis Xavier	x		
Toronto			x
Western Ontario			x

TABLE II
UNDERGRADUATE NURSING STUDENTS

	1st yr.	2nd yr.	3rd yr.	4th yr.	5th yr.	Totals
Degree course —veterans	15	3		2		20
others	170	94	86	66	74	490
Diploma course—veterans	3					3
others	62	63	59	8		192

(2); the remainder make provision for both (3). Table I indicates the types of courses available at the various universities.

Table II shows the number of students registered in the various undergraduate years, including both those who are attending university and those who are having their hospital experience. In order to determine how many veterans have entered the university undergraduate courses in nursing, a separate listing was made for this group. Twenty-three veterans are enrolled this year. Diploma courses as distinct from degree courses are offered by some universities and are indicated separately. A grand total of 192 students are registered.

University post-graduate courses have attracted large numbers of

TABLE III
POST-GRADUATE NURSING STUDENTS

	DEGREE COURSE		CERTIFICATE COURSE		DIPLOMA COURSE		TOTAL
	1st year	2nd year	1st year	2nd year	1st year	2nd year	
A.	2	13	11	6			32
B.		11		5			16
C.			4				4
D.	1	14	42				57
E.		11	10	3			24
F.				6			6
G.			50				50
H.	6	19		4			29
I.	9	11	56	6 *4	21		103
J.	34	19	294	*11			347
K.			14				14
L.	9						9
	61	98	481	30	21		691

* Included in undergraduate course.

A. Administration in schools of nursing; B. Administration in hospitals; C. Administration and supervision in public health nursing; D. Nursing education (general); E. Nursing education (advanced); F. Clinical supervision (hospitals); G. Supervision (special fields); H. Teaching in schools of nursing; I. Supervision in schools of nursing; J. Public health nursing (general course); K. Public health nursing (advanced course); L. Other courses (not specified).

graduate nurses this year. The majority of this group have enrolled in the one-year certificate courses, the public health nursing elective predominating. The total enrolment of veterans in these various courses is much larger than in the undergraduate picture. There are 255 veteran nursing sisters registered in the various certificate courses, 2 in the diploma course, and 38 in the degree courses for a total of 295. This figure represents 42.69 per cent of the enrolment in post-graduate courses. Table III gives a picture of the wide variety of courses that are included and of the number of students in each. The table is divided to indicate the numbers working toward degrees, diplomas and certificates, either in their first or second year.

The universities report that large numbers of applicants, including nursing sisters, have already been accepted for the new session commencing next September. Prospective post-graduate students who have not yet filed their applications are recommended to make their plans as early as possible to avoid disappointment. Certain limitations in the number of students they can accept are imposed upon university schools and departments of nursing by the facilities for field work which are available. Many organizations and associations have scholarship funds for post-graduate study. Nurses are advised to make early application.

The German Nursing Services, 1945-46

MABEL G. LAWSON, M.A., M.B., Ch.B., S.R.N.

THE PICTURE presented by the German Nursing Services in the British Zone of Germany in July, 1945, was one of considerable disorganization. Hospitals had suffered badly from bombing; existing accommodation was grossly overcrowded, and, in many areas, there was no adequate water supply or sewage system; there was a deplorable shortage of soap, dressings, drugs, and equipment of all kinds; nursing staffs were mal-distributed; and many so-called "matrons," who had held important and responsible positions under the Nazis, had no proper training. This state of affairs was fully appreciated by the majority of the profession, but hitherto in Germany the nursing profession has had little say in its own organization, and nurses have not enjoyed the same privileges, or attained to the same status, as their colleagues in countries where nursing is regarded as a sister profession to that of medicine.

The majority of nurses continue to be trained under the Motherhouse system, whether Catholic, Evangelical, or Red Cross. While this system develops to a high degree a vocational outlook, it does not encourage the development of qualities of leadership, and a good deal of understanding and encouragement was required to overcome existing prejudices and obstacles towards advancement, not the least of which were provided by the attitude of the German medical profession.

Certain broad lines of development were adopted to cover the work of hospital nurses, midwives, district nurses, and public health workers, the first essential being to obtain a measure of unity within the profession itself, and to secure some form of organization through which to work. This was done as follows:

1. A German Nursing Advisory Committee was set up in each province (five in all in the Zone) to consult with the Control

Commission Nursing Officer on affairs of local concern, or to deal with specific matters referred to it for recommendations.

2. Five German Nursing Officers were appointed, one to the public health department of each Provincial German Civil Covernment. Each of those chosen represented a different approved association of nurses, so that representation of all denominational groups was secured.

3. A German Zonal Advisory Nursing Committee was instituted, meeting monthly at Control Commission Public Health Headquarters. It consisted of five Nursing Officers (see No. 2), together with representatives of midwives and of public health workers. It worked in close association with the corresponding German Medical Advisory Committee, and dealt with matters concerning the profession as a whole. The general opinion of the profession was obtained through the Provincial Committees.

4. The appointment of a German Liaison Nursing Officer to work from Control Commission Headquarters, and to co-ordinate the work of the above committees and officers, had been sanctioned, and the German Advisory Committee had put forward suitable nominees.

In this way a set-up, somewhat comparable to our General Nursing Council, was achieved and there was created a body which was encouraged to tackle the problems of re-organization, and which was responsible to the nurses themselves for the recommendations it made.

These committees were advisory only, and any action consequent on their recommendations was initiated by Control Commission officials. The sort of things with which they dealt were: Standardization of training and examinations for the State Registration Certificate; control of the assistant nurse; regulations governing midwifery training; ratio of nurses to patients; holiday entitlement for various nursing grades. The period of training for general nurses was increased to three years throughout the British Zone as from April 1, 1946, a step which had the unanimous support of the profession.

Of great importance was the reconstitution of the professional organizations. Those representing respectively the Catholic nurses and the deaconesses had never entirely ceased to exist, although all their activities were in abeyance, but the Free Nurses had been compulsorily absorbed into the Nazi nursing organization, while the Red Cross, being a para-military formation, had been completely dissolved by the Occupying Powers. It is only fair to say, however, that large numbers of trained Red Cross sisters were never party members, and had taken no part in politics. This was, of course, true of many other members of the nursing profession. The role played by these professional associations, together with the associations of midwives and of public health workers, is a very important one in Germany, and their re-constitution gave great satisfaction to nurses. It was, however, absolutely essential to bring these groups into closer relationship than had previously existed between them and, to this end, the Provincial Nursing Committees were of great assistance.

One or two other developments must be mentioned briefly. The well-known post-graduate nursing school, Werner Schule, belonging to the German Red Cross, and formerly in Berlin, was re-opened in Göttingen with the help of the university authorities there. Lack of accommodation limited the number of students for the first six-month course, but it was hoped later to increase the number, and to include nurses from other professional groups, thus providing a nucleus of specially trained nurses for higher administrative and teaching posts.

Refresher courses in the larger cities were inaugurated and were received with great enthusiasm. Travelling, ration, and housing difficulties did not then permit of any but day courses but, in addition to the professional interest, the courses brought together nurses of all groups and denominations working in the same area, and gave them an opportunity of discovering and discussing each other's problems. The Draft Constitution and By-Laws for affiliation

to the International Council of Nurses sent me by Miss Schwarzenberg was given to the Zonal Advisory Committee for future consideration. The difficulties of membership, in the absence of a national association, were appreciated, but efforts were being directed towards securing professional unity in the British Zone as a preliminary towards future development.

Space does not permit of any details, or of descriptions of other aspects of nursing dealt with, such as school and maternity and child welfare services. Difficulties of every description were not inconsiderable, and the sense of frustration was at times most acute, but, looking back, there were many bright spots. I endeavoured to adhere to two guiding principles which I had set; firstly, to help the German nurses to assume greater responsibility for their own affairs, and to develop greater independence; secondly, to bring the various denominational and ancillary groups into closer professional relationship.

The desire of the German nurses to bring themselves into line with professional developments in other countries was very genuine, and they co-operated freely and in a wholehearted manner, although many of the suggestions made were new to them, and difficulties and prejudices had to be overcome. While much remained to be done, a good start had undoubtedly been made.

A Permanent Home

The School for Graduate Nurses, McGill University, now occupies part of the spacious and attractive residence of the late Sir Edward Beatty located at 1266 Pine Avenue, Montreal, which recently has been bequeathed to the university.

The greatly increased enrolment of students demanded much more space, and the school is fortunate in now possessing two large classrooms on the top floor which can accommodate two hundred and more students. The larger room, facing the south, which was a sunny solarium, affords a lofty panoramic view of the city. The library is also spacious. Upon entering, one is affected by the quiet, attractive environment, which is conducive not only to concentration but to browsing and meditation. The walls are panelled walnut and a beautiful rug adds to the harmony of color. Set-in book cupboards surround the room, filled with a fine collection of books with sufficient additional copies to satisfy the needs of a larger number of students. The class of 1946 left a generous gift of money for this purpose. At last the accumulations of professional magazines, reports and documents of all sorts, have found suitable resting-places on shelves specially designed for convenient use. The school has added substantially to its library in the last two years, and it has reason to be proud of it.

The new location takes the students away from the university cafeteria and other suitable eating-places, but nurses have the happy faculty of making the best of situations. They have made friends with the milkman, the baker—and, perhaps, according to the rhyme, the candlestick-maker—who call daily and leave supplies. The honor system of "help yourself and pay for what you take" evidently works satisfactorily for all concerned. The serving-kitchen and lunch-room are busy and crowded places at the noon hour.

The school has been very fortunate in receiving a gift of sixty thousand dollars from the W. K. Kellogg Foundation for the purpose of meeting increasing demands and for the expansion of the school program during a three-year postwar period. With this additional financial assistance beyond the university budget, the school is in a position to increase its educational resources, to secure additional staff, and to carry out more effectively the two-year courses leading to a Bachelor of Nursing degree. Another objective is to continue the organization of clinical services for post-graduate experience. Two post-graduate courses, in the fields of psychiatric and obstetrical nursing, have been established, and the co-operation of nurse administrators and supervisors in these fields towards

Miss Stanton and Miss Peverley on the Staircase — *Peter Hall*

planning sound clinical programs is greatly appreciated. This spirit and effort gives encouragement to undertake further organization.

The difficulty of securing practice teaching and field-work facilities for an enrolment of 130 students this year is a problem common to all university schools. This situation in the McGill School is made less difficult because of the understanding and whole-hearted assistance of heads of schools of nursing and of public health nursing agencies, together with their staffs, in accepting and supervising students at a time when organizations with limited nursing personnel are strained in an effort to maintain their standards of nursing service.

There is evidence of another maximum enrolment next year. Ninety returned nursing sisters are in attendance this session, and many other eligible applicants who served overseas could not be accepted because of lack of accommodation; they will be considered for the session 1947-48.

The Library — *Peter Hall*

Contributed by the Committee on Public Health Nursing of the Canadian Nurses' Association

Public Health Nursing in Prince Edward Island

ELEANOR R. WHELER, B.A.

IF you want to find real happiness you should be a public health nurse in Prince Edward Island, which, as one Islander puts it, is the smallest yet the grandest of all the provinces of Canada. What a blissful change it was for me, to go from the roar and rush of the modern city to the beauty and peace of this "Garden of the Gulf!" The countryside with its charming farm-houses and well-kept farms, all the harmonious shades of green of the various crops — the dark green fields of potatoes, the light green of the hay, the blue-green of the oats, the pale green of the turnips — with hedges of spruce trees and graceful birches along almost every fence, the red roads winding in and out, and always the surprise of a glimpse of blue sea just over the hill or just around the bend in the road, make the work of the rural nurse a joy.

I do not think you would find finer people to work with anywhere. Their kindness and hospitality never cease to amaze me. Indeed, I should like to become an "Islander." But while the sons of the Island, who have roamed far afield to fame and fortune, are still "Islanders," and bring a reflected glory to their home, unless you were born on the Island you never quite become a true "Islander" except perhaps to yourself. Do you know of many districts where, at noon on a summer day, or at the end of the day before the long drive home, you can have a swim in the sea and a meal cooked on a bonfire on the shore to give you a little mental and physical relaxation?

Public health nursing on the Island was begun in 1921 by the Red Cross Society. They put on a demonstration program for ten years and in 1931 the Department of Health took over the public health work. The Island, with its population of about ninety-five thousand, is served by five public health nurses doing a generalized service, one nurse doing tuberculosis work, and one nurse doing communicable disease nursing, including venereal disease work. The director of nurses was on leave during the war, but returned in October, 1946. During her absence her place was ably filled by the acting director, who, though married and with many household responsibilities, found time to give a guiding hand to the staff.

The medical staff consists of the chief medical officer, two physicians doing tuberculosis work, one of whom, in addition to his work as director of the sanatorium, holds regular monthly chest clinics at four key points on the Island, as well as weekly clinics at the sanatorium; the other devotes full time to the patients in sanatorium. A new wing

added to the sanatorium in 1945 has a splendid new operating-room which makes it possible to do chest surgery without transferring the patient to a general hospital as was previously necessary. One physician is in charge of venereal disease work and the provincial laboratory. There is also a full-time sanitary inspector.

In 1945 the mobile x-ray unit, owned and operated by the Tuberculosis League, began its work of taking a chest x-ray of the whole population on the Island. A truck is fitted up with the equipment and moves to the various districts, setting up in a school or hall for a few days or a few weeks, depending upon the size of the community. The patient pays fifty cents for a chest x-ray and the maximum for a family of any size is $2.50. It is hoped that the whole population will be served every three years. Through the Tuberculosis League, volunteers in every school district are asked to visit the whole community, making appointments and arrangements for transportation to and from the centre for those without their own means of transport. The plates are all read by the chest specialists at the sanatorium. Of the thirty-five thousand plates taken to date, .5 per cent have been found with active tuberculosis. The large percentage of these are minimal cases and so their prognosis is good. However, many who had never been under medical care have been found with moderately advanced or even far advanced disease, some even with positive sputum. All the cases and suspects are asked to come to the regular chest clinics, or to special clinics as the case demands, for a clinical examination. Both the tuberculosis nurse and the district public health nurse assist at all the clinics. The cases are followed up in the home by the tuberculosis nurse, assisted from time to time by the district nurse. Despite the addition made to the sanatorium, there is still quite a long waiting list for admission. Up to the present time the x-ray of the chest has been on a voluntary basis, and the response of the people has been very good, though not 100 per cent.

Venereal disease clinics are held twice a week in Summerside, staffed by a local physician and assisted by a local graduate nurse. In Charlottetown, with the aim of getting away from a clinic, treatments are given by appointment at any time throughout the week by the director of the provincial laboratory and venereal disease control, assisted by the communicable disease nurse. The follow-up work is done by this nurse, who has taken post-graduate training in venereal disease control. During the war there was excellent co-operation from the medical officers of the Army, Navy, and Air Force stationed on the Island. A recent law, demanding blood tests and premarital examination before any marriage can be performed, should make quite a difference in the control and early treatment of these diseases.

The public health nurses, giving generalized service apart from the communicable diseases, spend a great part of their time in school work and its follow-up. In my district I have ninety-eight schools, eighty-two of which are one-roomed schools and sixteen of which vary from two rooms to twenty-six rooms. My school population is about forty-five hundred children, which makes a heavy load with long gaps between visits. At these visits the children are weighed, measured, have vision and hearing tested, throats, teeth, breathing, posture, etc., inspected. A note is sent home with each child giving the parents a report of the findings. On the back of the note is an excellent bit of advice on the correction of defects and the reasons for prompt treatment, as well as general advice on diet, rest, recreation, and immunization. Follow-up visits are made to homes where there are problems. An effort is made at this time to visit pre-natal cases, infants, and preschool children in the district.

In some parts of Canada, nurses feel hampered in their work by the lack of treatment facilities. Here on the Island the Red Cross has a

very well organized plan for assisting needy families, with hospitalization for tonsillectomies and provision for eye examinations and glasses. The family physician or the eye, ear, nose and throat specialist is always willing to look after these cases. The Red Cross also holds crippled children's clinics — assisted by the Rotary Clubs of Charlottetown and Summerside — staffed by an orthopedic surgeon from Halifax who visits the Island twice a year. These clinics are well attended, patients being sent in by the family physician, public health nurse, or just coming on their own initiative to seek help and guidance. The Junior Red Cross nurse and the public health nurse of the district attend the clinics, which are held in both Charlottetown and Summerside, and do the follow-up work. Reports are sent to the family physician. Operations may be performed and plaster casts applied in the local hospitals. In special cases the patient is taken to hospital in Halifax, the Red Cross paying the hospital bill for indigent cases.

Vaccination against smallpox is compulsory for school attendance. The town schools are visited yearly for this purpose, and the rural schools every three years by the chief medical officer. Infants and preschool children are invited, but the large percentage of vaccinations are to school children. The law also requires revaccination of children twelve years and over attending school. Needless to say, there is no smallpox on the Island.

Diphtheria immunization is done every year in the town schools and every three years in the rural districts. Toxoid is administered both by the chief medical officer and by local physicians who receive an honorarium from the Health Department. More and more infants and preschool children are receiving this protection. In 1945, 3,383 preschool and 2,213 school children received three doses of toxoid.

Last year, my first on the Island, I had to make three visits, and occasionally four, to each of my ninety-eight schools to assist with giving the diphtheria toxoid. The needles and syringes are boiled on Sterno stoves and set up on sterile paper towels. Some of the doctors of seventy-five or even eighty years of age were still anxious to attend the toxoid clinics. One day we were taking a short cut through the hills to our last school. We climbed a narrow, winding road to the top of the hills where we looked down at the "Devil's Punch Bowl." The view was wonderful but, at the top, imagine my consternation in finding a washout in the road and a hole about four feet deep! We had come about a mile and a half along this road and there was no place to turn the car so I started to back. I was successful at staying on the road for about half a mile but then looked up for one second and was off into the ditch. I had to walk the other mile to the nearest farmer who came with a horse to pull me out. What excitement we had after he got me back on the road, backing to a spot where, with spruce boughs over the ditch and a rail fence taken down, we were able to turn the car and go the long way around, where the people were still patiently waiting.

Another interesting toxoid day we took a visiting teacher with us. She sat in the car and gave us an account of a toxoid clinic from the outside looking in. One mother got her five-year-old son as far as the schoolyard. There he lay down, kicked and screamed and put on such a successful temper tantrum that she took him home. Another mother, whose preschool boy was walking along quite amiably, gave him a shake outside the door and said, "Don't you dare cry in there in front of all those people. You walk in like a man!"— and he did!

Child health centres are held weekly in the larger centres, and my Friday afternoons with the babies are perhaps my happiest times. The young mothers are so appreciative of advice and it is such a joy to see babies well-fed, well-cared for, and happy.

I wish you could have seen Willie, who made his first visit when he was only three weeks' old, weighing only 5 lb. 3 oz. (I would have had him in an incubator!) His mother was only sixteen years old and her knowledge of babies was rather limited, but her eagerness to do everything for wee Willie certainly brought results. Now he is six months old, weighs 16 lb. and laughs out loud every time you talk to him. He has two very charming dimples and black curls all over his head. His mother is one of my best advertisers. I am even getting mothers from ten and twelve miles away, friends of hers, who come in by bus to the baby conference.

While much is being done to improve the health of the people, and while the infant mortality and tuberculosis death rates, often an indication of the effectiveness of the program, are improving, still our nursing staff could be doubled or even trebled and we would still not be over-staffed. With an increasing interest in health and preventive medicine, we all hope that the day is not too far distant when the people will be willing to pay a bit more for health services for the community.

Immunity to Mumps

Thirty per cent of people probably have had mumps without knowing it. The result has been a high degree of immunity to epidemics of this common, but sometimes quite serious, disease of childhood. Such is the conclusion from studies of fifty groups of children and adults conducted by University of Pennsylvania and Harvard University medical scientists. Mumps and measles usually are paired as childhood maladies. Each is caused by a specific filterable virus. Both diseases are very contagious. One virus presumably is as widely disseminated in the population as the other. Yet the studies show that about 33 per cent of young adults have a probable acquired immunity to the disease indicating some past infection of which they were unaware. One attack of mumps is believed to protect an individual against further attacks of the virus for the rest of his life. Statistical studies have shown that whereas about 90 per cent of the population suffer from measles at some time or other only 60 per cent are victims of mumps. The immunity of a person was determined by the so-called "complement-fixation" test of the blood serum with mumps virus cultivated in incubated chicken eggs, and also by a skin test with similar material. The reasons why mumps should attack some persons in such a mild form that it is not recognized—it may amount to no more than a slight headache or an "out-of-sorts" feeling—is unknown. The technique of determining immunity may prove of considerable value in times of mumps epidemics when the relative susceptibility of a population can be determined before undertaking defence mensures.

—*News Notes No. 55*

Australian National Memorial

In October, 1945, the Australian Nursing Federation wrote to the Prime Minister asking him to initiate and sponsor a Commonwealth-wide appeal for funds to provide a national memorial for members of the Australian Nursing Services who were killed or succumbed to illness or ill-treatment in the recent war. The form of memorial suggested was the establishment of post-graduate courses with the ultimate aim of an Australian College of Nursing.

A reply has been received from the Prime Minister stating that . . . it was not a project which they could advise officially. The Prime Minister advised that it has been decided that the national tribute should be centred at the Australian War Memorial in Canberra and that it is considered that any regional or sectional memorial should be financed by public subscription.

— *The Australasian Nurses' Journal*

The Indian population in Canada has increased almost 10 per cent in the last reported ten-year period.

Most of the 7,205 Eskimos in Canada are essentially coast dwellers, obtaining much of their food and clothing from the mammals of the sea.

INSTITUTIONAL NURSING

Contributed by the Committee on Institutional Nursing of the Canadian Nurses' Association

Personal Interview

LOIS LETHBRIDGE

IN CONSIDERING the subject of the personal interview let us divide the topic into four parts: application, use of the placement service, references, and interview.

APPLICATION

In applying for a position the two methods generally used are the written application and the personal interview. Frequently the second follows the first.

The letter of application may be either in long hand or it may be typewritten. Some employers prefer a letter written in the applicant's own handwriting as they feel that from this type of letter much can be gathered regarding the applicant's personality, ability, etc. This letter should be clear, concise, courteous, and correctly spelled. A good grade of plain paper should be used. The letter should contain: (1) a definite statement of application for the position; (2) reasons for making application; (3) credentials — including education, experience, and other qualifications, listed in chronological order; (4) a few important references; (5) brief but explicit information concerning age, nationality, religion, and matrimonial status, and, finally, (6) a request for a personal interview. This last is important as it brings the nurse to the attention of the employer as a definite personality.

If a record report is to be sent from the Placement Bureau it will not be necessary to repeat all the details of experience in the letter.

PLACEMENT BUREAUX

In many of the provinces, Nurse Placement Bureaux have been established which have proven to be of great benefit both to the individual nurse and to the employer. The use of this bureau offers many advantages to nurses. These include: accurate and up-to-date lists of vacancies, with details regarding the terms of employment; counselling and guidance regarding the type of work for which the applicant's preparation, experience and ability best suit her, and suggestions for future post-graduate study to prepare her for more advanced positions. Another advantage of which she may avail herself is the introduction to an employer. This may be in the form of a personal interview which is arranged for her, or by a letter sent to the prospective employer containing her qualifications and places of past employment.

REFERENCES

Most authorities agree that there should not be less than three or more than five references and that these should be from people well qualified to judge the nurse's scholarship, ability, character, and personality. It is not considered wise to include relatives or close friends. Particularly acceptable are letters from instructors and former employers. Most

employers, seeking information about applicants, prefer to write directly to the individuals whose names are given. Therefore, give the complete addresses of all references. Letters headed "To Whom it May Concern," are generally of little value. It is wise to first obtain permission before using a name as a reference. Failure to do so shows lack of courtesy and may result in embarrassment and misunderstanding.

Personal Interview

In the application for any position the personal interview plays a very important part, not only from the standpoint of the employer but also from that of the applicant. The employer may learn a great deal about the applicant's personality and habits while the applicant in her turn has the opportunity to judge the "spirit" of the institution, the people with whom she would work, and the prospects for growth or advancement.

To the applicant: Preparation for the interview by the applicant is important. This may be done by thinking through the issues that may be brought up so that she will be able to reply to the best advantage. Plenty of time should be allowed to arrive at the appointed hour without having to hurry. This will help to relieve the nervousness that it is natural to feel at this time. If she must wait, she should do so with good grace. Be courteous to everyone. Be careful of the impression created. Good grooming is essential. This includes conservative dress, immaculate cleanliness, well-manicured nails, and carefully arranged hair. To be conscious that she is looking her best helps to create a feeling of self-confidence. The interviewer will pay careful attention to diction, tone of voice, posture, alertness, and ease of manner. The latter may be acquired by simply acting naturally. Poise and not pose is the important thing! Cultivate a pleasant expression. A heart of gold and feelings of friendliness are of little value if the expression resembles the proverbial "meat axe." Remember that when admitted to the interviewer's presence it is a poor start to address a prospective employer by an incorrect name, title, or address.

It is best to let the interviewer ask the first leading questions. This will give the nurse time to study her and decide what she wishes to say. Answer all questions clearly and honestly, endeavouring to keep in mind the essentials. "Yes" and "No" answers are generally to be avoided, but care must be taken not to be too wordy. It is well to remember that there is a difference between enthusiasm for the work and effusiveness. The nurse should expect to be informed about the duties of her position and what her responsibilities would be. She should find out what salary she may expect and how it compares with the salaries in positions of like responsibility. She should be informed of the salary advancement policy of the organization and the opportunities for promotion, the internal personnel policies, such as leaves of absence, sick leave, hours of duty, and vacation. If these policies are outlined at this time, disagreement about them at some future date is very unlikely to occur. It is important to find out what perquisites in addition to salary may be expected, that is, if maintenance is supplied, does it consist of board, room, and laundry? It is quite in order for the nurse to ask to see the residence and one of the rooms occupied by nurses.

No matter what the outcome of the interview, the interviewer should be thanked for her courtesy in giving her time. If the nurse is interested in the position, she may ask if she may have time to think over the matter. If she is not interested, she should say so frankly and state her reasons.

To the interviewer: To make the interview a success preparation on the part of the employer or interviewer is also essential. This will include deciding just what she wants to accomplish by the interview, such as, finding out as much as desired about the applicant, making the appointment, and providing a suitable

place in which to hold it. Contributing to her success as an interviewer will be friendliness, frankness, sincerity, a sense of humour, and the ability to see things from another's point of view.

Open the interview with a cordial greeting and a few irrelevant remarks. This will help to break down the applicant's reserve. Questions may then be asked in a business-like manner. Encourage the applicant to talk and listen attentively to what she has to say. Two helpful facts to remember are that a good interviewer listens far more than she speaks and that observation is the twin of listening. If it seems advisable to take notes do so after explaining to the applicant that a few pertinent points would be helpful for future reference. The termination of an interview is sometimes more difficult than the beginning; and a great deal will depend upon the understanding of the interviewer who usually indicates when the interview is over. Sincerity and courtesy, however, on the part of both applicant and interviewer, together with a natural manner, are usually sufficient to ensure a favorable leave-taking.

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Coming Events

(1) Alberta Association of Registered Nurses
Event: Annual meeting.
Date: April 18 and 19, 1947.
Place: Palliser Hotel, Calgary, Alta.

(2) Registered Nurses' Association of Nova Scotia
Event: Annual meeting,
Date: June 11 and 12, 1947.
Place: Halifax, N.S.
Special note: Dates of meeting changed from previous notice.

(3) Registered Nurses Association of Ontario
Event: Annual meeting.
Date: April 23, 24, 25, 1947.
Place: Royal Connaught Hotel, Hamilton, Ont.
Special business: Presentation of first draft of a proposed Nursing Act.
Guest speaker: Miss Nora Frances Henderson, Board of Control, Hamilton.

(4) Association of Nurses of the Province of Quebec
Event: Twenty-seventh annual meeting.
Date: May 26 and 27, 1947.
Place: Windsor Hotel, Montreal, P.Q.
Special event: Second annual luncheon meeting of all district representatives, May 26.

(5) Event: Series of five lectures for industrial nurses.
Date: Commencing May 14, 1947.
Place: Montreal, P.Q.
Special note: Course sponsored by Public Health Committee, A.N.P.Q.

AUX INFIRMIÈRES CANADIENNES-FRANÇAISES

Les Services aux Malades

GERTRUDE M. HALL

J'ai la mission de vous parler au nom de l'Association des Infirmières du Canada. Cette association est la fédération des neuf associations provinciales d'infirmières enregistrées. Elle représente environ vingt-cinq milles infirmières enregistrées du Canada.

Mon premier devoir est de faire comprendre aux personnes présentes, lesquelles, si j'ai été bien informée, représentent diverses associations féminines. L'Association des Infirmières du Canada reconnait la responsabilité qui lui incombe, de protéger le public lorsqu'il s'agit d'employer soit des infirmières enregistrées ou des aides au soin des malades.

Durant bien des années nos efforts se sont portés à déterminer le niveau d'éducation requis par l'infirmière professionnelle et à établir un statut légal permettant au public de se protéger lorsqu'il emploie une infirmière.

Nous sommes bien conscientes que tous nos efforts pour élever le niveau de la profession ne sont pas suffisants pour protéger le public, tant qu'il sera permis à des personnes, n'ayant aucune ou très peu de formation, de prendre soin des malades.

Nous reconnaissons notre obligation envers le public, à savoir, de lui assurer un service d'infirmières. Nous reconnaissons aussi que tous les services à rendre aux malades n'ont pas tous le même caractère professionnel. Le besoin d'un groupe auxiliaire, non professionnel, pour prendre soin des malades chroniques, des convalescents, et de cas de maladie légère, s'est fait sentir bien avant que l'on parle d'une pénurie d'infirmières ou d'employer des auxiliaires ou aides dans les hôpitaux et à domiciles.

L'appellation, auxiliaire ou aide, comprend toutes les personnes, sauf les infirmières enregistrées, qui sont employées pour prendre soin des malades tel que, aides-maternelles, aides-malades, aides-bébés, gardes-bébés, "trained attendants," aides, infirmières qui n'ont pas terminé leurs cours, aides qui ont obtenu leur connaissances par la pratique, sage-femmes qui n'ont suivi aucun cours, etc., aides dans nos salles d'hôpital, etc. Les associations d'infirmières nationale et provinciales, depuis des années, discutent la nécessité qu'un permis, ou licence, soit émis à toute personne qui soigne les malades et qui est rémunérée pour ses services. Enfin en 1942, l'A.I.C. a nommé un comité chargé d'essayer de déterminer le travail, les qualifications, la préparation, le permis à l'exercice, le contrôle des auxiliaires, sous la direction d'un corps professionnel convenant à ces fins.

Un programme fut préparé afin de servir comme guide aux associations provinciales d'infirmières enregistrées. Un rapport fut adopté en juin 1944 à une assemblée générale de l'A.I.C. Ce rapport contient, au sujet de la licence ou permis de pratique et de la règlementation, l'énoncé suivant:

> La règlementation des auxiliaires semble essentielle dans l'intérêt du public, pour assurer son bien-être et sa sécurité, dans l'intérêt des auxiliaires aussi afin de déterminer les normes de leur travail.

La règlementation, évidemment veut

dire, une loi accordant une licence. Il est définitivement recommandé que la règlementation des auxiliaires soit confiée: (1) A un ministère du gouvernement; ou (2) à une association provinciale d'infirmières enregistrées. Voyons quels seraient les avantages pour les auxiliaires d'avoir une licence ou permis d'exercer:

1. Les normes bien définies du travail leur assureront la protection nécessaire.
2. Assurance de l'uniformité dans la préparation et l'entraînement.
3. Prévention de la compétition d'un groupe non préparé.
4. Protection du public contre un groupe d'imposteurs.

Le "United States Women's Bureau" a publié un livret sur les possibilités du travail d'après guerre pour les femmes. Au sujet des aides, on y lit que leur travail devrait augmenter pour onze raisons, en voici un bref résumé:

1. Il semble y avoir pour l'aide une tendance à accomplir certaines charges qui dans le passé étaient accomplies par l'infirmière professionnelle, comme prendre la température et faire certains traitements de routine.
2. Les hôpitaux donnent maintenant congé à leurs malades beaucoup plustôt après une opération ou après une naissance, ce qui veut dire que ces personnes ont encore besoin de soins à la maison.
3. L'augmentation du nombre de personnes agées nécessite des auxiliaires entrainées capables de donner des soins à domicile et dans les institutions.

Dans les services d'hygiène publique ou service de santé, l'expérience a prouvé l'utilité des aides.

Le docteur Hugh Cabot, un médecin éminent en hygiène publique aux Etats-Unis, a appelé l'aide, l'associée cadette ou subalterne du personnel du service de santé. Le point important qu'il faut bien se rappeler et je le répète dans l'intérêt de la sécurité du public, c'est que les connaissances de l'auxiliaire ou aide sont limitées et que le public et les médecins ne doivent pas lui demander de rendre des services pour lesquels elle n'a pas été préparée.

Quelle différence y a-t-il, actuellement, entre la préparation d'une infirmière professionnelle et d'une auxiliaire? L'aide se prépare à son travail durant trois à neuf mois, l'infirmière professionnelle durant trois à six ans. Le programme d'étude de l'infirmière professionnelle est basé sur les sciences physiques, biologiques, et sociales. La chimie, la physique l'anatomie, la physiologie, la microbiologie, la sociologie, et la psychologie sont des matières inscrites au programme et leur enseignement est nécessaire pour faire comprendre les principes fondamentaux des soins aux malades. En tout le programme d'étude de l'infirmière est 630 à 1,200 heures théorie et enseignement clinique durant trois ans et son expérience clinique doit s'étendre à tous les domaines du nursing. Lorsqu'elle a terminé son cours elle doit être en mesure:

(1) D'observer, de reconnaître, et d'interpréter d'une façon intelligente les manifestations de la santé comme celles de la maladie; (2) de donner des soins experts dans toutes les maladies; (3) d'appliquer les principes d'hygiène mentale dans le soin des malades et de développer chez le patient l'attitude mentale qui favorisera sa guérison. Celà n'est que l'énumération incomplète de ce que l'infirmière doit être en mesure de faire. Avec le progrès rapide de la médecine, il faut que l'enseignement des infirmières soit meilleur. Tout comme la profession médicale a relayé entre les mains des infirmières bien des traitements qui autrefois étaient de la responsabilité du médecin, ainsi l'infirmière professionnelle doit analyser et confier à l'aide qualifiée les traitements et les soins que cette dernière peut donner sans danger.

L'infirmière professionnelle et l'aide bien préparée peuvent aider le médecin et tout ceux qui collaborent au maintient et au rétablissement de la santé, à assurer au public le soin des malades et les services de santé dont il a besoin.

Mais le public peut aussi faire sa part en aidant à établir et maintenir les normes nécessaires à sa protection, les normes nécessaires aussi à la protection d'un groupe de femmes qualifiées qui continueront de servir comme auxiliaires.

Interesting People

An anniversary of particular interest was observed at Saint John General Hospital, N.B., on January 22, where **Margaret Murdoch** has been superintendent of nurses for twenty-five years. The event evoked widespread attention in the community, with the following editorial comment:

"On this occasion, a great many people will want to extend their congratulations and their thanks—their congratulations because she has handled her difficult duties with intelligence and efficiency, and their thanks because she has made outstanding contributions to the care of those who are ill.

"Throughout her quarter of a century of service she has taken a personal as well as a professional interest in the welfare and comfort of the patients, and she has worked indefatigably to maintain the highest standards in the hospital. Especially in recent years, her task has been complicated by the institution being constantly overcrowded, but she has dealt with the situation in a manner that entitles her to recognition and praise.

"Miss Murdoch has inspired student nurses with her own ideals and devotion to nursing. The excellence of the training given at the Saint John General Hospital is acknowledged not only throughout Canada but in the United States, and a large number of the graduates have won important positions in their profession.

"In all her efforts, Miss Murdoch has proved herself a good and useful citizen. All who know her will wish her continued success in the future."

Following graduation from Saint John High School, Miss Murdoch took her training at the General Public Hospital (succeeded years ago by today's larger and more modern institution), did private duty for six years and spent six and one-half years in the operating-room of the hospital. Subsequently, she was named superintendent of nurses which position she still capably fills.

Miss Murdoch has been prominent for years in the activities of organizations devoted to the advancement of the nursing profession and community welfare generally. She was honorary treasurer of the Canadian Nurses' Association for three terms, was president of the New Brunswick Association of Registered Nurses for eight years and was a member of its Board of Examiners. She is a past president of the Saint John Chapter of the association. At the time of the meeting of the International Council of Nurses in 1929, Miss Murdoch represented the Maritime provinces on the Grand Council.

Her interests include, as well, the Junior Red Cross, of which she is a member of the New Brunswick committee, and the Women's Canadian Club.

Appropriate gifts to mark the anniversary were presented to Miss Murdoch by the Board of Commissioners of the Saint John General Hospital, the nursing staff, the student body,

Climo Studios, Saint John

MARGARET MURDOCH

Randolph Macdonald, Toronto

MINNIE BARTLETT

and the alumnae members, as well as various individual friends and associates.

Minnie Elizabeth Bartlett has been appointed director of the Volunteer Nursing Services in the Ontario branch of the Canadian Red Cross Society, culminating many years of service with this organization. Miss Bartlett, a native of St. Andrews, N.B., graduated in 1920 from the Columbia Hospital Training School in Pittsburgh, Pa. After three years of private duty and hospital experience, she joined the staff of the Instructive Visiting Nurse Association in Baltimore, Md. In 1930, she returned to Canada and enrolled in the public health nursing certificate course at the University of Toronto. She began her Red Cross work in 1931, as charge nurse of the Outpost Hospitals. Ten years in this capacity and six years as field secretary and director of the Ontario Junior Red Cross have given Miss Bartlett the experience and insight into local problems which will prove invaluable to her in her new work.

Pauline (Metashanko) Yaholnitsky has been appointed northern supervisor of public health nursing with the British Columbia Department of Health. Born in Manitoba of Russian parentage, Mrs. Yaholnitsky graduated in 1924 from the Weyburn (Sask.) General Hospital. Brief experience in private duty and hospital staff work preceded the award of a V.O.N. scholarship on which she secured her training in public health nursing at the University of British Columbia in 1927. She returned to Saskatchewan and was in charge of an experiment for one year, sponsored by the Victorian Order of Nurses and the Saskatchewan Department of Public Health, to bring needed health and bedside nursing service to northern rural areas of the province. In 1935, she joined the staff of the Peace River Health Unit in northern B.C. Five years later, she organized a one-nurse district at Quesnel, B.C. In 1944, Mrs. Yaholnitsky enrolled for the short course in supervision and administration in public health nursing at the McGill School for Graduate Nurses, returning to the Peace River Health Unit for two years as supervisor.

Mrs. Yaholnitsky, "Yoho," as she is affectionately known to her many friends, fits in admirably to the more rugged demands

PAULINE YAHOLNITSKY

that life makes on those who work in the northerly areas. Her outdoor interests include camping, boating, fishing, and horseback riding. Hunting and shooting small game is her favorite sport and, in season, she always carries her shot gun on her trips. Indoors, "Yoho" keeps herself occupied with books, handicrafts, and cooking. She feels that no one need suffer from boredom, even in remote rural areas—there are more interesting things to do than there is time to do them.

Ida Beatrice Brand has been appointed superintendent of field nurses in the Outpost Hospitals operated under the Ontario Division of the Canadian Red Cross Society. Miss Brand is "a daughter of the parsonage" and received her education in a number of centres in Ontario. She graduated from the

Randolph Macdonald, Toronto

IDA BRAND

N. Featherstone Cowley

MARGARET DULMAGE

Hamilton General Hospital in 1926. After a short period in private duty nursing, she became a staff nurse in one of the Red Cross hospitals. With a brief intermission to enable her to secure her certificate in public health nursing from the University of Toronto, Miss Brand has been associated with the outpost hospitals since 1927. Altogether, she served in eight rural centres. In 1939, she became assistant director of field nurses so has had an opportunity to develop a broad understanding of their problems and their importance in the small communities. This preparation bodes well for her future success.

AILSA TURNBULL

Norine Margaret Dulmage has resigned from the post of director of the Volunteer Nursing Service of the Ontario Branch, Canadian Red Cross Society, which she has held since 1944. Born in Palmerston, Ont., Miss Dulmage graduated from the Toronto General Hospital in 1918. She immediately took charge of the gynecological ward there, relinquishing that post in 1923 to become instructor of nursing practice. Two years later she was appointed second assistant superintendent of nurses at T.G.H. In 1930 she took charge of the preliminary students of her home school and for thirteen years was their teacher, counsellor and friend. The eloquent tribute which was paid to her at the time she left the hospital work might well be reiterated with wider application to all the communities in Ontario where she has brought inspiration and guidance to the corps of volunteers — "True, unselfish, understanding and generous almost to a fault, with a keen sense of humor, her greatest happiness is being of service to others."

Recently, Miss Dulmage was appointed inspector of the course for nursing assistants with the Ontario Department of Health.

We are particularly pleased to welcome a private duty nurse to these pages in the person of **Ailsa Turnbull,** who graduated from the Royal Victoria Hospital, Montreal, in 1929. Miss Turnbull is one of many nurses who distinguished herself with honor during World War II. The citation for the A.R.R.C., which she received as an award, reads, "Typifying all that is ideal in Canadian nursing"—unstinted praise for a job well done.

After twelve years of private duty, Miss Turnbull enlisted in the R.C.A.M.C. in June, 1941. She proceeded overseas immediately with No. 14 Canadian General Hospital. After two years in England, she was among the complement whose transport was bombed en route to Italy. There, Miss Turnbull's duties encompassed both medical and surgical wards; routine—but there was plenty of excitement to elevate it well above the borders of ordinary routine. She "enjoyed it tremendously."

Miss Turnbull has returned to civilian private duty nursing, carrying the same en-

thusiasm for bedside care well done, as buoyed her up in her war service. Her efficient skill, her personal sense of responsibility, and her charm of personality continue to make her representative of "all that is ideal in Canadian nursing."

Mildred Ileen Maybee has been appointed superintendent of nurses of the Metropolitan General Hospital, Windsor, Ont. Educated in Toronto and Winnipeg, Miss Maybee graduated from the Winnipeg General Hospital in 1925. She has had a broadly varied experience, including two years as operating-room supervisor at the Park Hospital, Mason City, Iowa, after taking an extensive post-graduate course in that branch of nursing. Several years of experience at the Yonkers General Hospital, New York, as assistant night superintendent, operating-room supervisor, floor supervisor, and teacher gave Miss Maybee a wealth of knowledge. In 1943, she became night superintendent at the Metropolitan General Hospital and in July, 1946, was named acting superintendent of nurses, which appointment was confirmed in December.

Miss Maybee has a deep interest in music and drama. She is a member of the Theatre Guild in Windsor. She is treasurer of the Windsor Chapter of the R.N.A.O.

Terminating a long and successful career, **Helen Hulme** has retired from her position as supervisor of the East End Centre of the Hamilton Department of Health, Ont. Miss Hulme received her education in the public and high schools of Hamilton, then went to the Rhode Island Hospital for her professional training. Graduating in 1910, she engaged in private duty nursing for several years in Providence, Detroit, and Hamilton.

HELEN HULME

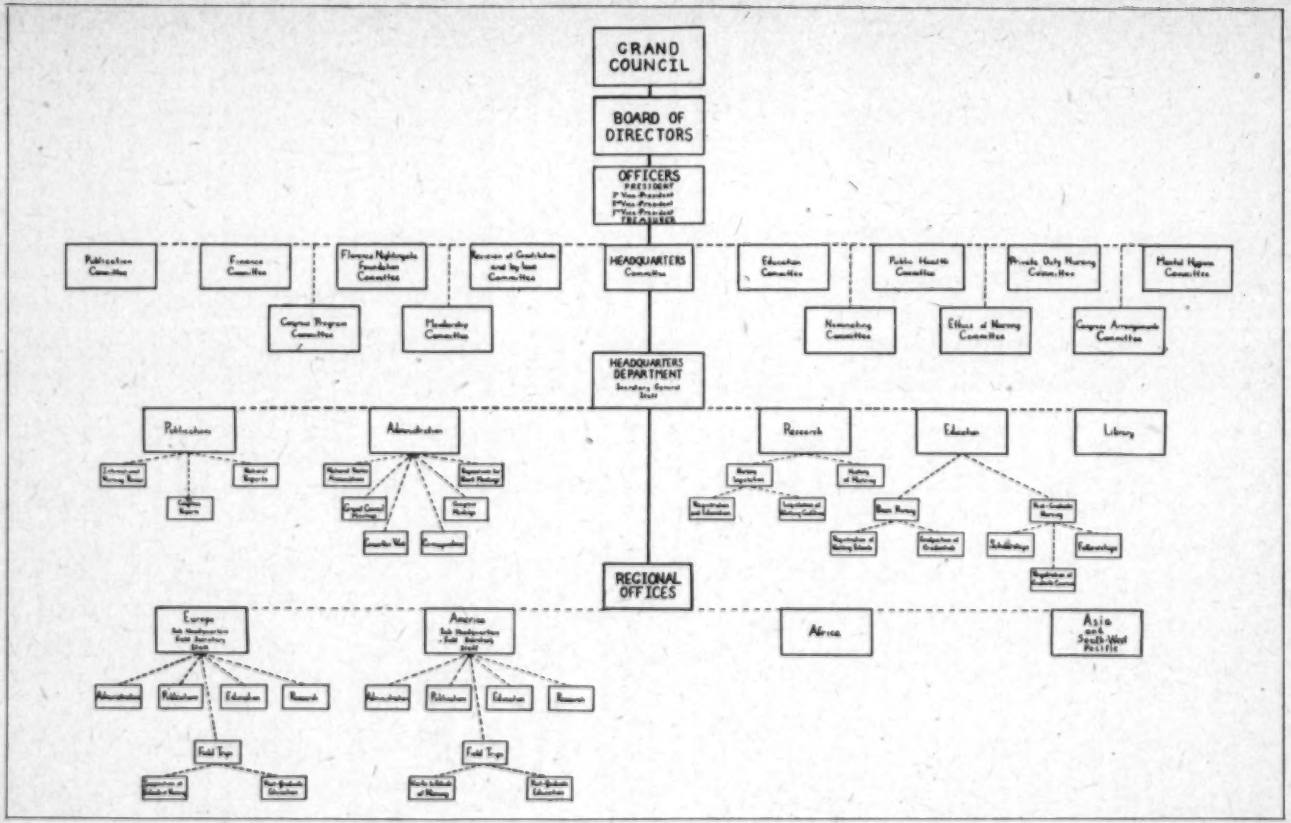
In 1916, Miss Hulme joined the staff of the Babies Dispensary Guild in Hamilton as head of the nursing service. Through the years, the service brought well-being to large numbers of infants and preschool children. Following a survey of the health facilities in 1934, the Dispensary was amalgamated with the Department of Health and Miss Hulme assumed the position which she has recently vacated.

Looking back over the years, Miss Hulme feels that they were filled with joy and excitement, tears and sorrow, but most of all with learning. She has no intention of retiring from life's activities though she will no longer be in her office each day. We all wish Miss Hulme many years of good health in which to develop the variety fo pursuits she has planned.

Preview

Prenatal care has been receiving more attention in the past score of years than ever before in the world's history. A sound program of health education for the pregnant woman is recognized as being as important and logical as the health teaching of school children. We are very pleased, therefore, to be able to present an excellent article on this topic by **Dr. Grantley Dick Read** next month. **Beth Laycraft,** who served for several years at a northerly post with the Alberta Department of Public Health, will contribute a description of "Homestead Obstetrics." Constrasting the technique of home and hospital care, **Gertrude Armstrong** will describe the setting up of the case room preparatory to delivery.

How can the necessary group activity that is essential to the successful functioning of the operating-room in any hospital be achieved? How can it be made a happy and satisfying experience for student and graduate staff alike? **Carol M. Adams** will answer these and many other questions next month in her article on planned operating-room experience for the student nurse.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Notes from National Office

International Congress of Nurses

In addition to the information regarding the International Congress of Nurses to be held in Atlantic City, N.J., May 11 to 16, 1947, which appeared in *The Canadian Nurse*, January, 1947, page 45, a tentative program has been received and is summarized below:

Special religious services for members are being arranged for May 11. The address of welcome by the president and various speeches by outstanding personalities will be given on *Monday*, May 12, 10 a.m., followed by the president's address and various reports. In the afternoon, nursing education will be discussed under the topics: (1) Professional education. (2) Functions of professional organizations in taking care of nurses' working conditions, e.g., salaries. (3) Minimum requirements in nursing education.

Tuesday: (1) Development of industrial nursing. (2) The shortage of nurses and methods to meet it. (3) I.C.N. responsibility for international education of nurses. (4) Recent legislation as it affects nurses in Great Britain.

Wednesday: (1) An address by an outstanding scientist on the peacetime use of atomic power. (2) Newer developments in nursing education. (3) International relief work for nurses.

Thursday: (1) Post-graduate education. (2) Morale (ethics of nursing). (3) Place of the nurse in social medicine. (4) Social workers and public health nurses. (5) Professional nursing groups other than State Registered Nurses.

Friday: (1) Farewell session — introduction of new president and giving of watchword. (2) Address of new president.

Social activities: (1) Organ recital. (2) Educational moving pictures. (3) Florence Nightingale oration. (4) Dinner. (5) Excursions. (6) Entertainment. (7) Exhibits.

Diagram

The accompanying diagram (see page 302) indicates the proposed reorganization of the framework of the International Council of Nurses. Canada, as a member country, will have representation on each of the major committees. The members of each of the provincial registered nurses' associations, since they are automatically members of the Canadian Nurses' Association, are also entitled to membership in the I.C.N. There are five members from Canada on the Grand Council.

Executive Meeting

The next executive meeting, C.N.A., will be held in the Ritz Carlton Hotel, Montreal, April 28, 29, 30 inclusive. All matters relative to meetings of the I.C.N. Grand Council and Congress will be considered at this meeting.

It is with regret we announce that a registrar's conference cannot be held as planned prior to or following this executive meeting due to the International Council of Nurses Congress immediately following the executive meeting.

Labor Relations

The Board of Directors of the American Nurses' Association has voted unanimously to support the action of the National Society of Professional Engineers in calling for revision of the Wagner Act to assure professional employees "their traditional freedom of association and mutuality of action."

In an open letter sent to the engineers, Katharine J. Densford, president, A.N.A., wrote:

The Board of Directors of the American Nurses' Association, at a meeting held on January 20, 1947, in New York City, discussed the recent action of the National Society of Professional Engineers regarding revision of the so-called "Wagner Act" to assure professional employees "their traditional freedom of association and mutuality of action."

Because we believe the action of the National Society of Professional Engineers to be most important for all professional groups, I am sending this communication to you to indicate that the American Nurses' Association wholeheartedly supports your effort to secure legislation which would clearly state that professional employees shall not be required to be members of any labor union as a condition of employment, and shall retain the right to bargain collectively if they so desire without being part of an organization not composed of professional employees only.

Since this action is most important for all professional groups, the Board of Directors of the American Nurses' Association has authorized its Committee on Federal Legislation to take immediate steps to acquaint the appropriate Congressional committees with the American Nurses' Association's support of this program.

A copy of this letter, with our recommendations, is being sent to the nurses' associations of the forty-eight states, District of Columbia, and territories, whose combined membership totals over 176,000 registered professional nurses.

This action is in line with the program adopted by the A.N.A., at the biennial nursing convention held last September. At that time, the organization stated its policy as follows:

The American Nurses' Association believes that the several state and district nurses' associations are qualified to act and should act as the exclusive agents of their respective memberships in the important fields of economic security and collective bargaining. The association commends the excellent progress already made and urges all state and district nurses' associations to push such a program vigorously and expeditiously.

Since it is the established policy of other groups, including unions, to permit membership in only one collective bargaining group, the association believes such policy to be sound for the state and district nurses' associations.

Great Britain

The Willesden incident: The secretary of the Royal College of Nursing gave a full account of the Willesden incident at a meeting held December 19. The Borough Council had issued a directive requiring all their employees to belong to a trade union, whereupon the nursing staff, of whom some 80 per cent were college members and wished to be represented by that body, had sought the advice of the college. Notices of dismissal had been served on the nurses, but they continued to maintain a strictly professional stand in very difficult circumstances. The action of the Willesden Council had provoked intense and nation-wide feeling and in view of this fact and the serious criticism of the incident made by three Ministers of the Crown, the Council subsequently withdrew their resolution.

The policy of the Royal College of Nursing, with regard to the implications of the situation, is outlined below to help nurses to a clearer grasp of the principles involved:

(1) The Royal College of Nursing holds to the principle that nurses should join an organization capable of conducting negotiations with the necessary full authority of all levels up to the national level, but that compulsion in such matters is wholly inconsistent with the status implied by membership of a professional body. This view gains the strongest possible support from the statement made by the Minister of Health. (2) While considering it desirable that all nurses should join a suitable organization it must be left to each nurse to determine for herself the particular organization which she deems best suited to her professional needs. (3) Only thus can professional organizations which speak for nurses do so with the fullest measure of authority. Nurses cannot expect to receive full public recognition of

their rights as professional members unless they also are prepared in their turn to meet their responsibilities in their profession by joining an appropriate organization. (4) The Royal College of Nursing has been given practical recognition by the Government as the pre-eminent negotiating body in the field of nursing by having alloted to it a greater number of seats on the Rushcliffe and Wheatley Committees than are alloted to any other body representing nurses. This representation is in accordance with the fact that the Royal College of Nursing has by far the largest membership of any nursing organization (comprising as it does, 54,000 general trained and student nurses). (5) The Royal College of Nursing is not, and never has desired to be, considered as a trade union, since it is a professional body constituted by Royal Charter. (6) In these circumstances the policy that the Royal College should pursue is clearly determined by the facts of the position; namely that it is: (a) the pre-eminent authority for the negotiation of all problems affecting the nursing profession; (b) recognized as such by the Government; and (c) that it can properly be regarded by members and hospital authorities alike as an authentic and competent negotiating body where all matters affecting nurses are concerned. The Royal College of Nursing does not feel itself to be in any way in competition with trade unions, of which some nurses are members. Any partisan attitude has been and will be avoided at all costs as calculated seriously to compromise the solidarity of nursing as a great profession and as inimical to its best interests. The Royal College of Nursing, by taking its stand upon its true status as a professional body, neither attacks nor invites attack from any. It is evident from the precedents established at Willesden that this attitude on the part of the Royal College of Nursing is effective in providing all necessary protection for the professional interests of its members.

The student nurse takes stock: The central representative council of the Student Nurses' Association, which is developing remarkable business ability, considered a wide range of resolutions at its meeting in Leicester. Subjects under discussion included: the eligibility of male student nurses for membership in the association; the allocation of the association's bursaries; the period of training in the preliminary training school; the provision of holiday homes for student nurses. The two resolutions which the association agreed to forward to Council embodied requests that ward sisters should be properly equipped to train and instruct student nurses in the wards, and that they should set aside definite times for practical teaching.

Parcels to Greece

The following is a letter received from the State School for Public Health Nurses in Athens:

The State School for Public Health Nurses was very pleasantly surprised lately by the arrival of many friendly parcels sent by Canadian nurses.

These gifts enabled almost all our 120 nurses to have a good pair of shoes and stockings, while the other effects — uniforms, dresses, etc.— were distributed to the more needy ones. We even received some very nice things for our Christmas tree.

Our intention is to thank every one separately but we want also to express through *The Canadian Nurse* our gratitude to all those who participated in the sending.

Your presents were not only a very valuable material help, but also a very friendly message that brought to Greek nurses the affection of the Canadian nurses. Both were deeply appreciated and we shall never forget them.

E. C. Apostolaki,
Directress, School of Public Health Nurses.

There are three sides to every question: yours, mine and the truth.—*Anon.*

Notes du Secrétariat de l'A.I.C.

Congrès International des Infirmières

En plus des renseignements déjà parus dans *The Canadian Nurse* de janvier 1947, page 45, concernant le Congrès International des Infirmières à Atlantic City du 11 au 16 mai 1947, l'élaboration du programme suivant a été reçu, en voici le résumé:

Des services religieux ont été organisés pour le 11 mai. La présidente prononcera l'adresse de bienvenue et des personnages importants feront de courtes allocutions *le lundi* 12 mai; à cette même séance l'on présentera divers rapports. Durant l'après-midi, la formation de l'infirmière sera le sujet à l'étude; l'on parlera (1) de l'enseignement professionnel; (2) du rôle des organisations professionnelles concernant les conditions de travail des infirmières et leur salaire; (3) des exigences scolaires, minimum pour l'étude de la profession.

Mardi: (1) Le progrès réalisé dans le nursing industriel. (2) La pénurie d'infirmières et les moyens d'y remédier. (3) De la responsabilité du Conseil International des Infirmières dans la formation de l'infirmière. (4) Des lois nouvelles en Angleterre intéressant les infirmières.

Mercredi: (1) Une conférence par un savant de renom sur les usages de l'énergie atomique en temps de paix. (2) Faits nouveaux concernant la formation de l'infirmière. (3) L'assistance internationale envers les infirmières des pays dévastés.

Jeudi: (1) Les cours post-scolaires. (2) Morale professionnelle. (3) Du rôle de l'infirmière dans la médecine sociale. (4) Les auxiliaires sociales et les infirmières hygiénistes. (5) Des personnes soignant les malades mais n'étant pas infirmières professionnelles.

Vendredi: (1) Séance d'adieu—presentation de la nouvelle présidente. Le mot d'ordre sera donné. (2) Discours de la nouvelle présidente.

Réunions sociales: (1) Récital d'orgue. (2) Cinéma éducationel. (3) Allocution sur Florence Nightingale. (4) Dîner. (5) Excursions. (6) Réceptions. (7) Exposition.

Assemblée du Comité de Régie

La prochaine assemblée du Comité de Régie de l'Association des Infirmières du Canada aura lieu à Montréal au Ritz Carlton, les 28, 29 et 30 avril. Toutes les questions concernant le Conseil International des Infirmières, le conseil supérieur, et le congrès seront considérés à cette réunion.

Relations du Travail

Le Comité de Régie de l'Association des Infirmières américaines dans un vote unanime appuie la Société Nationale des Ingénieurs Professionnels, demandant la revision de la loi Wagner afin d'assurer aux ingénieurs professionnels employés "la liberté traditionnelle de leur association et la solidarité d'action qui leur est propre."

Mlle Katharine J. Densford, présidente de l'Association des Infirmières américaines, adressa une lettre à cet effet à la Société Nationale des Ingénieurs Professionnels, en voici un extrait:

"Notre association appuie de tout coeur vos efforts pour obtenir une loi qui définira clairement qu'aucun employé professionnel ne peut être obligé de faire partie d'un syndicat pour obtenir un emploi et qu'ils doivent avoir le droit de négocier collectivement, s'ils le désirent, sans faire partie d'une organisation comprenant des membres autre que des employés professionnels."

Considérant que cette mesure est des plus importantes pour tous les groupes professionnels, l'Association des Infirmières américaines a fait savoir au gouvernement qu'elle partageait absolument les vues de la Société des Ingénieurs Professionnels sur ce point.

Des copies de cette lettre ainsi qu'une recommandation furent adressés à tous les états et districts des Etats-Unis, ce qui veut dire a plus de 176,000 infirmières professionnelles. En agissant ainsi l'A.I.A. a suivi la ligne de conduite tracée lors de l'assemblée septembre dernier à savoir: "L'A.I.A. croit que plusieurs associations provinciales (state and district) ont les qualifications nécessaires pour être et devraient être les seuls agents de leurs membres dans les domaines de sécurité économique, de contrats collectifs. Des progrès notables se sont réalisés à date par les associations d'état ou de district et l'A.I.A. les presse d'aller de l'avant."

La Grande-Bretagne

A propos de l'incident de Willesden: Les journaux ont parlé avec grande manchette de

cet incident, le voici relaté par le secrétaire du Collège Royal des Infirmières:

Le conseil de la municipalité avait donné avis à tous ses employés de faire partie d'un syndicat. Les infirmières de l'hôpital municipal, dont environ 80 pour cent étaient des membres du Collège Royal des Infirmières, demandèrent ce collège comme leur agent et prirent les directives du collège. Les infirmières reçurent l'avis de leur renvoi mais n'en continuèrent pas moins à maintenir leur position de professionnelles dans des circonstances vraiment difficiles.

L'attitude du conseil de la municipalité de Willesden provoqua une vive réaction dans tout le pays, et à la suite d'une critique sévère faite par trois ministres de la Couronne, le conseil municipal retira sa résolution.

Voici les données et principes sur lesquels le Collège Royal des Infirmières s'appuie pour donner ses directives: (1) Le Collège Royal des Infirmières soutient le principe que les infirmières doivent faire partie d'une association capable de négocier avec autorité pour tout ce qui concerne les conditions de travail des infirmières aussi bien au municipal qu'au provincial comme au national, mais la contrainte dans ce domaine semble contradictoire au status que confère un corps professionnel à l'un de ses membres. La déclaration faite par le Ministre de la Santé soutient entièrement ce point de vue. (2) Bien que nous considérons comme une chose désirable que toutes les infirmières fassent partie d'une organisation, chacune doit être libre de déterminer quelle organisation convient le mieux à ses besoins professionnels. (3) Ce n'est qu'ainsi que les organisations qui représentent les infirmières et parlent en leur nom pourront le faire avec la plus grande autorité. Les infirmières ne doivent pas s'attendre à ce que le public reconnaisse leurs droits comme membres d'une profession à moins qu'elles ne soient prêtes à prendre leur part de responsabilités dans la profession en faisant partie d'une organisation convenable à leur status. (4) Le gouvernement a donné la preuve qu'il reconnaissait le Collège Royal des Infirmières comme agent négociateur pour ce qui concerne les infirmières, en lui accordant plus de représentants sur les comités Rushcliffe et Wheatley qu'il n'en a donné à toute autre organisation représentant les infirmières. Cette représentation était justifiée du fait que le Collège Royal des Infirmières a plus grand nombre de membres (soit 54,000 infirmières et élèves infirmières). (5) Le Collège Royal des Infirmières n'est pas et n'a jamais désiré être considéré comme un syndicat (trade union) puisqu'il a une charge royale le constituant en corps professionnel. (6) Dans ces circonstances, la ligne de conduite que suit le collège est clairement déterminée par la position qu'il occupe de fait et dans l'opinion publique à savoir: (a) En tout premier lieu l'autorité dont il jouit comme négociateur dans tous les problèmes affectant la profession d'infirmière. (b) Il est reconnu comme tel par le gouvernement. (c) Il peut être considéré par les membres du personnel et par les autorités des hôpitaux comme un agent négociateur digne de foi et compétent dans les questions concernant les infirmières.

Le collège n'est pas en concurrence avec les unions ouvrières dont quelques infirmières font partie. Toute attitude d'esprit de partie a été et sera évité à tout prix, parce qu'il n'y a rien qui pourrait compromettre aussi sérieusement la solidarité de la profession d'infirmière et nuire à ses intérêts les plus chers.

Le Collège Royal, en prenant ses positions comme corps professionnel, n'attaque personne et ne veut être attaqué par aucun. Il est évident par l'incident de Willesden que cette ferme attitude du Collège Royal, protégeant les intérêts professionnels de ses membres, a fait ses preuves.

L'Association des Etudiantes Infirmières: Le conseil de l'Association des Etudiantes montre qu'il a de grandes aptitudes pour les affaires, si l'on considère toutes les résolutions qui ont été présentées à l'assemblée.

Les questions suivantes ont été discutées: De l'admission des étudiants infirmiers comme membres de l'association; des bourses d'études; la durée du cours préliminaire dans les écoles organisées à cette fin; des maisons de repos pour les vacances d'élèves infirmières. Les deux résolutions que l'association a accepté de présenter au conseil du Collège Royal des Infirmières sont les suivantes: Que les hospitalières soient préparées pour donner la formation et l'enseignement aux étudiantes dans les salles et qu'elles emploient une période de temps déterminée à l'enseignement pratique.

Colis aux Infirmières de Grèce

L'Ecole des Infirmières Hygiénistes d'Athènes remercie les infirmières du Canada qui leur ont envoyé des colis. Grâce à ces dons 120 infirmières ont pu se procurer des chaussures et des bas.

Educational Policy

Contributed by the Committee on Educational Policy of the Canadian Nurses' Association

Progress Report Demonstration School of Nursing

The Demonstration School Administration Committee is not yet in a position to announce the name of the school of nursing selected for the demonstration. However, that does not mean that this committee has been entirely inactive. Miss Nettie D. Fidler, associate professor, nursing education, University of Toronto School of Nursing, was approached by the Administration Committee and consented to carry on the necessary preliminary investigation preparatory to selecting a suitable school of nursing. Since the end of January she has visited hospital schools of nursing, interviewing the hospital administrators, superintendents of nursing, as well as meeting the governing board in certain places. The interest shown on the part of those interviewed has been most gratifying, and we are pleased to note that there have already been several inquiries from prospective students.

Unfortunately, all of the provincial nurse registration acts do not allow sufficient elasticity to ensure registration privileges to the graduates of a school such as the proposed demonstration school, which is founded on the principle that it is possible to prepare nurses adequately in less than three years in a controlled situation. For this reason, schools of nursing in several provinces, as well as provincial registration regulations, have been investigated. It is hoped that a definite announcement as to the place which has been chosen and the name of the director can be made very shortly.

Obituaries

Mary Beard, whose sterling leadership in her chosen field of nursing has profoundly influenced developments not only in her native United States but also in Canada and the world, passed away in December, 1946. At the Memorial Service held in Grace Church, New York, on December 15, eloquent tribute was paid to Miss Beard in the address given by Dr. Allan Gregg. (This address is printed in full in the February, 1947, issue of the *American Journal of Nursing.*)

Miss Beard was undoubtedly one of the great women of the nursing profession. It was she who inspired the Rockefeller Foundation to contribute significantly to nursing education. The assistance given to the School of Nursing of the University of Toronto, which has meant so much to the advancement of nursing education in Canada, was made possible through Miss Beard's efforts. Miss Beard was guest speaker at the convention of the Canadian Nurses' Association in 1936.

Mary Ann Carter, who at one time was active with the Victorian Order of Nurses, passed away in Vancouver in her eightieth year.

Georgina Henrietta Colley, who graduated from the Montreal General Hospital in 1895, died recently in Montreal in her eighty-fourth year. Following graduation, Miss Colley served on the staff at M.G.H., then engaged in social service work in surrounding areas. During World War I, she

joined the C.A.M.C. and was on the staff of military hospitals in Canada.

Isabell (Gourdier) Conley, a native of Kingston, Ont., died there recently. Mrs. Conley graduated from Watertown Mercy Hospital and practised in Newark, N.J., prior to her marriage.

Mrs. James Cook, a graduate of the Medicine Hat General Hospital, Alta., died recently in Creston, B.C., at the age of seventy-three. Though decades had passed since she engaged in active nursing, Mrs. Cook had maintained an interest in the healing art through her work on the hospital board and the Women's Auxiliary of the Creston Valley Hospital.

Alida M. Horner died recently in Duncan, B.C., after a brief illness. Miss Horner graduated from the King's Daughters Hospital, Duncan.

Flora C. Idington, a graduate of the Protestant General Hospital, Ottawa, died recently in Toronto after an illness of several weeks. Miss Idington enlisted with the C.A.M.C. early in World War I, and served in England and Scotland.

Christine Bell McRitchie, who was born in Halifax and who graduated from the Waltham (Mass.) Training School for Nurses in 1906, died on January 16, 1947. Miss McRitchie returned to Canada in 1911 and engaged in private duty in Brantford for thirteen years. After three years in Halifax, she moved to Montreal where she continued to work as a private duty nurse.

Florence (Bouck) Smyth died recently in Morrisburg, Ont. A graduate of the Kingston General Hospital, Mrs. Smyth held responsible positions in New York and other American hospitals, was on the staff of Wellesley Hospital, Toronto, and, until six years ago, was superintendent of the Bowmanville (Ont.) Hospital.

Dorothea Jean (Spratt) Welsh died recently in Cranbrook, B.C., in her thirty-fifth year. Married in 1933, Mrs. Welsh returned to active duty and served on the staff of the Kootenay Lake General Hospital, Nelson, throughout World War II.

Modern Hospital Signaling

The evolution of the modern hospital has of necessity demanded the development of numerous electrical signaling systems without which the present standard of efficiency could not be maintained. Among such systems are electric nurses' call systems, psychopathic alarm systems, silent doctors' paging systems, doctors in-and-out systems, special fire alarm systems, and special dual-motored synchronous clock systems.

The modern nurses' call system is designed to enable a patient to set up a signal which indicates by means of signal lights that a visit from the nurse is desired and also indicates the bed location from which the call originated. In this type of system, each patient's bed in private rooms and wards is equipped with a special locking push-button. When a patient depresses the centre of the locking push-button at his bed, a circuit is closed to light a numbered lamp indication at the nurses' station which shows the room from which the call originated. A lamp is lighted in the corridor directly over the entrance to the patient's room and lamps are also lighted as required in the duty room and diet kitchens. In multiple bedrooms and wards, an additional signal lamp is usually provided at each patient's bed, so that the nurse on entering the ward can immediately determine who called. The operation of the patients' calling-button also causes mild-toned buzzers to sound momentarily at the nurses' station, at the duty room, and at diet kitchen stations which will indicate to the nurse that a call has been initiated. If a nurse should fail to respond to the patient's call, the patient may flash all above-mentioned lamps and momentarily sound all buzzers by further depressing the locking-button. Thus, this type of signaling system provides an unmistakable means of notifying the nurse of a patient's call, wherever she may be on the floor. The same nurses' calling features can

be employed to summon a nurse to any location in the hospital, such as toilets occupied by patients, solariums, and operating-rooms. The only way that the lamps may be extinguished after the patient has indicated a call is for the nurse to reset the locking push-button at the patient's bedside. Thus, the nurse is compelled to investigate the patient's call in order to cancel the signal.

Nurse-calling systems of this type can also be provided with an emergency feature so arranged that a nurse can summon assistance without leaving the patient's bedside. Such emergency systems require an additional emergency locking push-botton located adjacent to each patient's bed. When the nurse operates the emergency station, red lamps are lighted at all signal locations described for the standard system and emergency alarm bells are sounded at the nurses' stations, etc., thus directing assistance to the proper room.

Where the organization and personnel of a hospital operate per floor, it is the general practice that each floor have, in effect, its own signaling system. The plan of a hospital may necessitate calls from one floor registering on an auxiliary signaling device on another floor. In some larger institutions it is desirable to have each floor operate under its own individual system, but to have all calls also register at a central station for constant supervision of the complete hospital.

Locking button-type nurses' call systems are operated on very low voltage which provides a desirable safety factor. In addition, there are no metal parts anywhere exposed and operating current can in no way reach the patient. The present-day locking button-type calling station is designed for ease of operation, is small and compact, yet easily located by the patient. All working parts are contained in the compact locking button which may be readily replaced with no inconvenience to the patient. A suitable length of sturdy, flexible, and washable extension cord connects the button to a specially constructed plug. When plugged into the wall receptable, the patient is able to initiate a call at any time. A special feature may be incorporated into the calling-button wall receptacles whereby all signals are operated should the patient accidentally dislodge the plug from the receptacle.

Psychopathic alarm systems have been developed to provide protection for the nurse or attendant of a psychopathic patient. The installation of a system of this type enables the nurse at any time to summon assistance. In modern psychopathic hospitals, each patient's room is equipped with a special entrance station. Psychopathic alarm systems are so arranged that an attendant, by means of a special key, operates a switch on the entrance station before entering a room and thereby lights a white lamp on a corridor station directly over the door to the room. This will signify to anyone in the corridor that an attendant has entered the room. Should the attendant require assistance when in the room, operation of a specially constructed push-button located in the room will light a green lamp in the associated corridor lamp station, light a lamp indication at the nurses' station, and will also cause alarm bells in the corridor and at the nurses' station to sound continuously. The only way that this emergency call can be cancelled is by again using the special key to turn off the switch on the entrance station. All equipment located in the rooms of psychopathic patients is of special tamper-proof construction, assembled with special tools, which makes it practically impossible for a patient to render the system inoperable. Other variations of this type of equipment are manufactured to provide various interlocking supervisory features for the protection of attendants. In some larger and more elaborate systems, additional master lock switches are provided at the entrance to each corridor or group of rooms, so that the path of an attendant may be followed.

In the majority of modern hospitals, large and small, where the visiting doctors are likely to arrive and depart at all hours of the day or night, it is important to know when a certain doctor is in or out of the building. The modern doctors' in-and-out signaling system accomplishes the desired results. A register is provided at each entrance, on which appears each doctor's name. Adjacent to each name is a switch, which when thrown to the "in" position, by the doctor on entering the building, will illuminate the doctor's name on the entrance register and on other similar registers located within view of the telephone operator, the receptionist or information desk, and various other locations as required by the plan of the hospital. A doctor on leaving the building may, by throwing his switch to the "out" position, extinguish his name on all registers. Thus, the hospital personnel can know at a glance whether or not a certain

(*Concluded on Page 312*)

STUDENT NURSES PAGE

An Exploratory Laparotomy

E. COUGHLIN

Student Nurse

School of Nursing, Regina General Hospital, Saskatchewan

MRS. T had had a cholecystectomy in 1933 and had never been really well since. Recently, she became so ill that it was necessary to bring her to the hospital. Her symptoms at this time were jaundice, nausea and vomiting, excruciating pain in the gallbladder region with occasional severe chills. Laboratory tests showed bile in the urine, a high white blood, rhodocyte and lymphocyte count, showing pronounced infection. The icterus index was high also which indicated liver impairment.

Our patient was very ill for several days and, as she vomited everything taken by mouth, was given fluids and nourishment in the form of intravenous glucose 5% on normal saline. Penicillin therapy was also commenced. For a time she was very listless, nervous, and unable to sleep but gradually began to improve and was ready for operation. This consisted of an exploration of the common bile duct. Adhesions between the liver and surrounding tissues had to be separated. It was found that there were two perforations — one in the common duct and one in the duodenum so that bile, pus, and fecal matter, as well as small stones, were escaping into the peritoneum. The hepatic ducts and common duct were washed out by means of a catheter and twenty-five greyish-brown and golden-yellow stones were removed. There was also an abscess in the duodenum which had to be cleaned away. A T-tube was inserted with difficulty. The duodenum was closed with two layers of sutures after which part of the omentum was sutured in place over the suture line of the duodenum. Two cigarette drains were placed in the wound and the incision closed.

On return to the ward, Mrs. T's blood pressure fell quite rapidly and during the day it was necessary to administer neo-synephrine four times. No drainage came through the T-tube but a large amount of dark green substance oozed from around the tube, making it necessary to change the dressing frequently. She was given 5% and 10% glucose in normal saline intravenously almost continuously,

On the fourth day, a large amount of watery-green drainage, showing fecal matter, appeared on the dressing. An attempt was made to pass a Miller-Abbott tube into the duodenum beyond the sutured area but x-ray showed the tube to be curled in the stomach. When it was removed, there was a knot in it. A Rehfuss tube was then inserted with difficulty. This tube has a metal tip with large openings through which the the patient can be fed.

Healing appeared to be very slow. The doctor ordered amino acids to be

added to the intravenous injections. These are a substitute protein feeding when the patient is unable to eat sufficient protein to supply the body's needs. Enough must be given to meet the protein requirements of the body plus an additional amount to correct deficiencies. Carbohydrates must also be given to meet the caloric needs of the body. Mrs. T was given glucose intravenously to supply the calories needed. Each day for five days she was given 2000 cc. 5% glucose in normal saline containing 400 cc. of amino acids.

The wound continued to drain bile and fecal matter and at times gas appeared to be bubbling from the incision. To encourage healing 20 cc. of blood was taken from her arm and injected into the wound to form a clot. This seemed to help very little. Three more similar injections were made on consecutive days using the blood of a healthy donor and the wound began to heal gradually until there was no fecal matter and only a scant amount of bile. The tissue drains were removed at the end of a week and two days later the T-tube was removed. The following day the sutures were taken out. There had been some sloughing and the wound had to be cauterized.

While the Rehfuss tube was in, a special duodenal feeding was used consisting of 18% cream, whole milk, orange juice, eggs, brewers' yeast powder, liver extract, and vitavose. The total number of calories given in a day was three thousand. This feeding contained vitamins A, B_1, B_2, C, D and 21 mg. of iron. There was more than the normal daily requirement of vitamins, except vitamin D and she was given Oil of Percomorph gtt. $\overline{xx}$ daily to supplement the vitamin D in the feeding. She was given this feeding every two hours as follows: 25 cc. of water, followed by four ounces of the feeding, followed by another 25 cc. of water. Later she was fed two ounces every hour in a similar manner. The tube was removed after eighteen days. Then Mrs. T began eating soups and other liquids until her diet had been increased gradually to a soft bland diet.

Her condition improved daily once the healing processes began and within four weeks she was allowed out of bed. Her strength returned slowly but surely and a week later she was discharged from the hospital in a satisfactory condition. The doctor stated that her recovery had been assisted to a very considerable extent by the nursing care which she had received.

Modern Hospital Signaling

(*Continued from Page 310*)

doctor is in the building. An additional feature that may be incorporated in doctors' in-and-out systems provides a flashing feature. If the receptionist or telephone operator should have a message for a particular doctor, she may operate a key on a special keyboard so that when the doctor enters the building and throws his switch to the "in" position, his name will flash instead of being steadily illuminated. This flashing lamp will indicate to the doctor that he is to report for a message. This same arrangement is also sometimes extended to be used for silent paging of the doctors in the building. In such cases, duplicate registers with all doctors' names are provided at each nurses' station on each floor or section. Should the nurse on duty notice a doctor's name flashing, she can inform the doctor that he is wanted.

Several types of signaling systems are used expressly for the purpose of silently paging the doctors and other hospital personnel. The type and design of the system will mainly depend on the number of people involved and the size of the hospital. The majority of these systems all operate on the same principle. Each person to be paged is assigned a number. A sufficient quantity of numbered lamp annunciators are located throughout the hospital corridors and rooms, so as to be readily visible. When it is desired to page a certain doctor, the operator may press the proper key on a keyboard and light the

numbered lamp associated with the doctor's name on each annunciator. In large hospitals where it is often required to page a number of doctors at one time, similar systems are manufactured which will flash the doctors' code numbers alternately on all annunciators.

Special centrally controlled dual-motored clock systems are now available. Such systems are made up of the required number of dual-motored synchronous clocks and either a manual or automatic resetting device. Once all clocks in the system are set at the same time and started, they will all keep in synchronism. If the power supply to the system should fail for a period of time, on restoration of power all clocks of the system will be automatically advanced to the correct time if an automatic reset control is used. If a manual reset control is used, the resetting can be controlled manually. Such clock systems can also include program instruments which can be set up to sound signals on any predetermined schedule.

Special local fire alarm systems have been developed for hospital installations. The intent of such systems is not to alarm the patients in the event that a fire alarm signal is transmitted, but to indicate to all personnel the location of the fire alarm box from which the alarm was transmitted.

The electrical signaling industry now has available, as standard production items, a complete line of equipment to cover all the signaling requirements of the modern hospital. All hospital signaling equipment has been designed to be rugged, compact, and to harmonize with the architecture and appointments of the modern hospital.

Preview

In order to give each nurse a clear picture of the goals in invalid feeding, **H. Jean Leeson** continues our series of articles on nutrition with "Optimal Nutrition for Patients." Dr. Leeson says, "It is the nurse's responsibility to look after patients' nutrition, because ultimately she is the only one who can make sure that the patient actually consumes the proper amount and the kinds of food prescribed by the physician." Her account of the role food plays in the healing of wounds and injuries, in acute febrile cases, etc., will make valuable reference material.

Book Reviews

Teaching in Schools of Nursing, Principles and Methods, by Loretta E. Heidgerken, R.N., M.S. 478 pages. Published by J. B. Lippincott Co., Medical Arts Bldg., Montreal 25. 1946. Price $4.50.

Reviewed by Marion Lindeburgh, Director, McGill School for Graduate Nurses, Montreal.

The author of this book has been a successful teacher of the nursing arts in undergraduate schools of nursing, and for several years has been engaged in the development of advanced nursing education programs; the breadth and richness of her professional experience are reflected throughout her book. The author's familiarity with school of nursing curricula, and with effective methods of teaching, serve her high purpose to share with teachers of nursing some fundamental principles of learning and teaching in making the experience of student nurses a purposeful, challenging, enjoyable, and progressive educational process.

The particular merit of this book is in the fact that the author aims to deal mainly with the psychological factors affecting learning, and the interpretation of teaching as a function which motivates students, and guides them in their learning activities toward desired goals. In other words, the book does not contain subject matter of nursing courses, which can be found in approved curricula, but rather with the *why* and *how* of making the nursing program more effective in promoting the professional growth of students.

A brief reference to the content of the book might be of value in illustrating the author's purpose. Possibly the greatest weakness in the teaching of nursing is the lack of a philosophy underlying nursing education, and of aims of teaching. The author has not failed in her introduction to emphasize the demo-

cratic ideal, and the aims of nursing education, all of which should be most helpful to teachers of nursing.

Under the caption of "Learning Activities," the author deals fully with the essentials of purposeful learning which must be promoted through effective teaching. Particular stress is placed upon the development of interests and motives towards desirable thought and action. The book includes a full discussion on "Planning" as a means whereby students may accomplish the most in understanding, skills, ideals, and appreciations within a prescribed period of time. Another section is devoted to recognized methods of teaching in which the author attempts to evaluate teaching techniques in relation to lecture, discussion, conference, seminar, panel, nursing care studies, etc.

In recent years increasing emphasis is placed upon the learning value of visual aids, and the author gives many helpful suggestions in the use of graphs, charts, educational films, and of various other types of illustrative teaching tools.

The last section of the book deals with "Evaluation" as applied to the teacher, the student, and the program. Various tests, now in use, are discussed and evaluated.

The reader cannot fail to recognize the author's understanding of educational psychology in the planning of a guidance program, and her ability, through long experience, to cite and apply the principles of learning to the science and art of teaching.

Gynecology for Nurses, by Archibald D. Campbell, M.D.C.M. and Mabel A. Shannon, R.N. 274 pages. Published by F. A. Davis Co., Philadelphia. Canadian agents: The Ryerson Press, 299 Queen St. W., Toronto 2B. 1946. Price $4.00. *Reviewed by Irene Cooper, Clinical Instructor, Obstetrical Department, Winnipeg General Hospital.*

In this book for nurses the authors have endeavored to "bridge the gap between general nursing and gynecology" by providing a guide for nursing the gynecological patient.

The first section of the book, which deals with anatomy, physiology, and endocrinology, is exceptionally well done. Other topics are normal and abnormal pregnancy, diseases and disorders of the female organs.

Numerous illustrations, including excellent colored plates, clarify the discussion of the various conditions and treatments.

An interesting innovation to the book is a discussion of the nurse's duties in the gynecologist's office, which may also be applied to the nursing practice in the hospital clinic. The last section deals with the care of the hospital patient and includes clear, concise procedure outlines which could readily be adapted to the various ward situations. A complete outline and vocabulary accompanies each chapter.

To be used as a text, certain readjustment may be necessary to meet the individual views of instructors and ward situations. It should, nonetheless, find a place in all gynecological departments. It will be of especial interest to Canadian nurses, since both the authors are Canadians.

Eye, Ear, Nose and Throat Manual for Nurses, by Roy H. Parkinson, M.D. 247 pages. Published by The C. V. Mosby Co., St. Louis. Canadian agents: McAinsh & Co. Ltd., 388 Yonge St., Toronto 1. 5th Ed. 1946. Illustrated. Price $2.75. *Reviewed by Elsie Denman, Supervisor, Eye, Ear, Nose and Throat Department, Montreal General Hospital.*

Dr. Roy H. Parkinson in his fifth edition of "Eye, Ear, Nose and Throat Manual for Nurses" has given us a textbook truly for nurses, particularly student nurses.

The chapters on throat, nose and ear, covering anatomy and physiology, as well as the diseases occurring in these areas, are concise and free from technical terms. The accompanying illustrations should be of much value in helping the student in her study of this subject.

The section on "Eye" gives us many definitions of terms commonly used, yet which seem so difficult for nurses to master. The anatomy and physiology of the eye is covered sufficiently and well enough to impress upon the nurse the importance of very careful management of the treatment of this delicate organ. Some of the more common diseases are also dealt with here.

Part II is concerned with operating-room techniques with accompanying illustrations. Part III deals with problems met by the public health nurse.

This manual covers those points which are most essential in nursing in eye, ear, nose and throat, and is well worth possessing.

Manuel de l'Infirmière Visiteuse, preparé par The National Organization for Public Health Nursing. 537 pages. Publié par The Macmillan Co. of Canada Ltd., 70 rue Bond, Toronto 2. Traduit de l'anglais par François Vézina. 3ième Ed. 1946. En dépôt à la Librairie Déom Frère, 1247 rue St-Denis, Montréal 18. Prix $3.00.

Revue par Marie E. Cantin, Directrice de l'Education du Personnel, les Services d'Infirmières de la Metropolitan Life Insurance Co., Montréal.

Grâce à l'initiative, à la ténacité du Comité d'Hygiène Publique Section Française de l'Association des Gardes-Malades de la Province de Québec, et à la générosité du Ministère provincial de la Santé et du Bien-Etre Social, deux livres seront inscrits sur la trop courte liste des livres de texte en français, traitant du nursing: "L'Infirmière Visiteuse" de Mary Sewall Gardner (que nous espérons avoir sur le marché en septembre 1947) et "Manuel de l'Infirmière Visiteuse."

Ce manuel présente à l'infirmière visiteuse des méthodes utilisables dans les services d'hygiène des comtés, des petites collectivités, provinciaux et national.

Dans la première partie, "Administration et Organisation," les questions d'organisation et d'administration, de budgets, de propagande, et de préparation des programmes, communes à presque tous les services, sont exposées d'une façon générale. Ici et là dans le manuel, il y a des renvois aux autres sources de renseignements sur ces divers sujets.

La deuxième partie qui s'intitule "L'Hygiène familiale," traite des activités suivantes: le service d'hygiène familiale, la visite à domicile, consultations, classes, cercles et cliniques d'hygiène, et les instructions permanentes.

La troisième partie, "Les Services familiaux," désigne le travail des services d'hygiène maternelle, d'hygiène de l'enfance, d'hygiène scolarie, d'hygiène industrielle, d'infirmières de morbidité, des services antituberculeux et anti-vénérien, et du service orthopédique.

Un appendice concernant les qualifications requises des personnes occupant des fonctions dans les services d'infirmières visiteuses, et les maladies contagieuses aigues, pour lesquelles l'infirmière visiteuse donne souvent des soins, complète ce volume.

La technique du nursing a été adaptée conformément aux principes fondamentaux des services d'infirmières aux conditions existant habituellement dans les foyers, les dispensaires, les écoles, et les industries, et aussi conformément aux ressources et matériel disponibles. Les méthodes du nursing, qui doivent toujours recevoir l'approbation des médecins de la localité, sont donc susceptibles de changements. Ce manuel n'entend pas dicter un programme qui puisse ou doive s'appliquer dans toutes les collectivités. Il indique plutôt les principes généraux qui serviront de guide, même s'il est nécessaire de modifier les méthodes d'application pour les adapter à certaines situations locales.

L'hygiène mentale et la nutrition, qui compénètrent tous les aspects du programme des services d'infirmières visiteuses, ont été considérées comme inhérentes à tous les services, et y ont été incluses.

Letters from Near and Far

Outpost Work at Atlin, B.C.

One day last fall, word was received that an old woman, thirty years in the district, was ill on Tagish Lake, about thirty miles away. Atlin Lake was too rough for travel all day. The next morning it was pouring rain but the water was calmer. Plans were made to leave at 5:00 p.m. There was a wild scramble to unpack winter clothes and get supplies. One has to be prepared to camp outdoors if the water is too rough. (I fooled the "army issue" by wearing usual clothes underneath. No scratching necessary!) We left in a cold downpour of rain. After an hour across Atlin Lake, we reached the shelter of an island just as the rain stopped. It was good to land at the dock of Scotia Bay and phone to the other side of the portage for transport to Taku.

This transport consists of a trip on the

Atlin Lake

shortest railway in the world, less than three miles. The boat was loaded on a flat-car and we travelled over the hump to Taku on Tagish Lake. This is part of the White Pass and Yukon Railway and used to carry hundreds of tourists and thousands of tons of freight in to Atlin Lake each summer.

At Taku we had supper and then I retired to the engineer's cabin. This was a "three-roomed suite," occasionally occupied by a boat captain from Carcross. I spread out my sleeping-bag and was soon off to sleep. The weather warmed up during the night.

I crawled out for breakfast at daybreak. Bacon and eggs and coffee tasted wonderful. Donned numerous layers again and my parka and was off. The water was calm. Wonderful scenery with miles of water—Taku Arm; slopes covered with autumn colors with some evergreens. Some green fingers reaching away up the mountain, then moss and bare rock. Some distant peaks had white caps, a little fresh snow. Distance and grandeur! After two hours—sunrise, clouds and peaks pink-tipped, then gold and finally the sun. There is something to be said for a sunrise! On to the Golden Gate. At first sight it was true, both points gold with poplar and the background mountains gold with sun and shrubs. Now we could see white caps on Tagish Lake.

Through the gate and into the rough water we pounded along for three miles bucking wind and waves. The provincial policeman, my escort, was a very good boatman. On shore again at 10 a.m. A white-bearded man, the patient's husband, greeted us. I went in to see the patient while the men drew up the boat. She was decidedly a hospital case. After due persuasion she packed clothes while I got lunch.

Heavy seas, so they took the boat along the side of the lake and we hiked around. Climbing aboard, we were off. The swells were bigger than in the morning but not choppy, and the wind and waves were with us. It was warmer, too. No chance to become cramped while looking after my patient, then moving back again to balance weight. Back into the Arm and calmer water—past the "mailbox" on the point, where the mail used to be put in the old days for the miners at the head of the lake. Now the clouds made shadows on the water and mountains. We travelled right through a school of fish. Grayling trout and herring are plentiful here. Three o'clock and we can just see Taku with an hour to go and the wind coming up. Will Atlin Lake be too rough to navigate as this is a south wind? Back at Taku. Greeted by all the railroad and barge-men who have known the patient for years. To cabin to cook cream of wheat for patient who then has a nap. The men portaged the boat across while I cooked dinner—roast beef, beans, potatoes, strawberries and trimmings. Tasted good, too! Meanwhile I kept an eye and hand on the patient as necessary.

Everyone piled on the train and back to Scotia Bay. They frequently have to stop the train to shoo a moose or a bear off the track. The lake is quiet so we settled in again for the last lap at 7 p.m. It was sunset and the color in the sky behind us gradually fades.

We could see the buildings of Atlin as the first star came out. The wharf felt very good. A car met us and we came up to my house where immediate medical assistance was available for my patient.

—VERA M. FREEMAN

Nursing Sisters' Association

History was made in overseas nursing circles when veterans of both wars came together as members at the annual meeting of the *Toronto Unit*. The meeting was held at the Ontario Red Cross Headquarters when the following officers were elected:

President, Ethel Greenwood, World War I; vice-presidents, Agnes Neill, R.R.C., Jean Taylor, A.R.R.C.; corresponding secretary, Christina Crawford, R.R.C.; recording secretary, Jean Bates; treasurer, Florence Conlin. Councillors, World War I: Maud Wilkinson, A.R.R.C., Mary McNaughton, A.R.R.C., Helen Forgan, Isobel McEwen, Barbara Hanna. Councillors, World War II: Kathleen Christie, A.R.R.C., who was prisoner at Hong Kong; Doris Kent, R.R.C., Helen

Horne, R.R.C., Peggy Black, Thelma Finlayson.

A recommendation went forward from this meeting to the Nursing Sisters' Association of Canada that a portion of the six hundred dollars given to the Welfare Fund by the Unit be used for equipment for hospitals in Europe, and for assistance in maintaining rest homes for nurses convalescing from the effects of the war. It was also decided to send food parcels to nurses in England. The Unit has a paid-up membership of over 250.

Ontario

The following are recent appointments to the Ontario Public Health Nursing Service:

Catherine Murray (St. Joseph's Hospital, London, and University of Western Ontario certificate course) to Lambton health unit; *Elizabeth Abernethy* (Soldiers' Memorial Hospital, Orillia, and University of Toronto certificate course), formerly with City of Toronto Department of Public Health, to National Council, Y.W.C.A., as health supervisor in charge of Farm Service Force Camps.

The Township of East York and the Town of Leaside have united to form a health unit with *Helen Carpenter, B.S., M.P.H.*, formerly supervisor of public health nursing, East York Board of Health, as director of nursing.

Victorian Order of Nurses

The following are appointments to and resignations from the various branches of the Victorian Order of Nurses for Canada:

Appointments: *Lorna Warman*, who was granted a Victorian Order of Nurses scholarship and has completed the public health nursing course at the University of Toronto, to St. Catharines; *Hester Lusted*, formerly nurse in charge at Kitchener, to Ottawa; *Ruth Sheppard*, formerly at Sudbury, to York staff.

Resignations: *Ethel Gordon* from Ottawa to take up other work; *Madeline (Weber) Pierce, Barbara Scheetz, Doreen Denby*, and *Frances (Carroll) McIntyre* from Toronto; *Mrs. Libbie Rutherford* from Toronto to take up other work; *Isobel Morrell* from Toronto to be married; *Leonette Drolet* from Pointe Claire to take up other work.

Christine Livingston, district superintendent, Montreal Branch, and *Christine McArthur*, formerly nurse in charge at Sudbury, have been granted leave of absence to take advanced study at Columbia University.

UNIVERSITY OF TORONTO SCHOOL OF NURSING

Session 1947-48

I. **The Basic or General Course in Nursing:** 5 years (4¾ calendar years) in length; leads to Degree of B.Sc.N. and gives also a qualification for general practice in public health nursing; qualifies fully for nurse registration. The candidate remains as a student in her University School throughout the entire course (with practice in the wards of the surrounding hospitals). The entrance requirement is senior matriculation (Ontario Grade XIII).

II. **Courses for Graduate Nurses:** (Entrance requirement: Junior Matriculation). These are one-year Certificate courses as follows:

Nursing Education: General (preparation for teaching).

Nursing Education and Administration: An advanced course.

Public Health Nursing: General.

Public Health Nursing: Advanced courses in Administration and Supervision, or other specialty.

Clinical Supervision in:
(a) Medicine
(b) Surgery
(c) Obstetrics
(d) Paediatrics
(e) Operating-room procedure
(f) Psychiatry or other specialty as selected.

Note: In Clinical Supervision the student chooses one of the above as her field of study for the entire year.

III. **A Special Arrangement for Graduate Nurses:** Whereas a candidate with senior matriculation standing may register in the Faculty of Arts of this University and complete the Pass course in Arts in 3 years, and, whereas some of the subjects of this Pass course in Arts are identical with certain subjects included in the above Certificate courses, it has been arranged that a graduate nurse who registers in this Pass course in the Arts Faculty may register at the same time in this School and, during the same 3 years, cover the requirements for the Certificate in one of the courses as described above, except that the courses in Clinical Supervision are not included in this arrangement.

For information and calendar apply to:

THE SECRETARY

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   (b) Public Health Nursing.

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KINGSTON, ONTARIO

THE ASSOCIATION OF NURSES OF THE PROVINCE OF QUEBEC

SCHOLARSHIPS FOR SEASON, 1947-48

The Committee of Management of The Association of Nurses of the Province of Quebec is pleased to announce that two scholarships will be awarded this year, covering $500 each, to English- and French-speaking members in good standing in the Association, wishing to follow post-graduate courses.

Application forms may be obtained at the office of the Association,

504 MEDICAL ARTS BLDG.,
1538 SHERBROOKE ST. W.,
MONTREAL 25,

and must be returned completed before *June 1, 1947.*

E. FRANCES UPTON, R.N.
SECRETARY-REGISTRAR

Mustard Gas Studied

A chemical agent which would have about the same effect as x-radiation on neoplastic tissue—the tissue of such malignant growths as cancer—has been sought for some years by medical investigators. One now appears to have been discovered in a curious way. Although as a means of therapy it appears to have no particular advantage over x-radiation and in some ways is decidedly inferior, mustard gas is of great interest as being the first material to appear to have some capacity for selective destruction of neoplasms and considerable research on its properties now is underway.

While mustard gas was not used by any combatant in World War II, it naturally was studied by all the countries involved and improved forms were produced. Among these, both in the United States and Great Britain, were the so-called "nitrogen mustards." Their precise effects on the human organism were investigated in order to devise adequate defences and proper medical treatment in case they were introduced by the enemy. They were found to produce profound anemias due to their specific effects on lymphatic tissue and bone marrow, where blood cells are formed. The effect was very similar to that caused by heavy x-radiation.

This finding led to the possibility that, used in rigidly measured doses, they might actually be used as medicines for blood and lymph neoplasms. They are very potent poisons. The problem is to administer them by injection in such balance that they will do much more harm to unwanted tissue than to surrounding healthy and normal tissue. This also is the problem with x-ray treatment.

Nitrogen mustard, concludes the report, "is a chemotherapeutic agent with activity against certain forms of neoplastic disease. Under present methods of therapy, however, it offered no therapeutic advantage over properly used x-rays. In fact, x-rays were ordinarily to be preferred. In certain cases of Hodgkin's Disease with generalized systemic symptoms, for which x-ray treatment was no longer feasible or effective, temporary symptomatic remissions were induced. The general use in preference to standard methods of x-ray therapy is not recommended until the therapeutic indications and limitations of this new agent are more precisely determined by further clinical studies."

News Notes

ALBERTA

EDMONTON:

Royal Alexandra Hospital:

Mrs. N. Richardson, the president of the Royal Alexandra Hospital Alumnae Association, presided at a recent meeting when forty-five members were present. The guest speaker was Mrs. Cameron Parker whose topic was "Public Welfare Organization." Mmes C. Douglas, E. Byers, and Miss J. Stuart are in charge of arrangements for the annual banquet in honor of the graduating class.

BRITISH COLUMBIA

KELOWNA:

At a recent meeting of the Kelowna Chapter, R.N.A.B.C., it was decided to send a food parcel every month to a nurse in Britain. The members also voted to send ten dollars to the C.N.A. for the purpose of assisting a European nurse to attend the I.C.N. Congress in Atlantic City. A letter of thanks has been received from the War Memorial Civic Centre Committee for the one hundred dollar cheque forwarded by the chapter. This gift was made possible by a dance and sale of corsages made by the nurses.

POWELL RIVER:

Ada George was re-elected president at a meeting of Powell River Chapter, R.N. A.B.C. The vice-president is A. M. Sinclair with Marion Lyons as secretary and Lucy Giovando as treasurer.

The members voted to continue sending parcels overseas and a vote of thanks was extended to Mmes Wood and Foot for their efficient work last year. Many grateful letters have been received from the nurses in England. The retiring secretary, Mrs. J. Coccola, reported on other activities of the chapter. The proceeds from the annual tea, with a sale of home cooking, will go towards the overseas parcels.

VANCOUVER:

General Hospital:

The annual banquet of the Vancouver General Hospital Alumnae Association was pronounced a marked success. Attendance so far exceeded the most optimistic reckoning of the arrangements committee that nearly forty people had to be content with a meal in the cafeteria, rejoining the party for the entertainment afterwards.

Grace (Noble) Bakkan was the able chairman. Following the toasts, the Swiss Bell Ringers, "Echolians," entertained the guests in the most fascinating, rhythmical and successful fashion.

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REGISTRATION OF NURSES

Province of Ontario

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EXAMINATION ANNOUNCEMENT

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An examination for the Registration of Nurses in the Province of Ontario will be held on May 21, 22, and 23.

Application forms, information regarding subjects of examination and general information relating thereto, may be had upon written application to:

A. M. MUNN, Reg. N.
Parliament Buildings, Toronto 2

Doreen Jamieson is now in charge at Infants' Hospital. Julia Walters is nursing arts instructor with Nonie Rendall and Mary Richmond assisting in the teaching department.

St. Paul's Hospital:

St. Paul's School of Nursing Alumnae Association is again offering a bursary and loan. Applicants must be graduates of at least one year from the school of nursing. Information and forms may be obtained from Sr. Columkille and all applications must be received by June 15.

Mrs. A. (Campbell) Denton, June Wright, and J. Hindmarsh have accepted positions at Nanaimo Hospital. Molly Lancaster and E. Chapman are at Shaughnessy Hospital. Dr. and Mrs. A. E. (Sparrowe) Trottier are now residing in Windsor, Ont.

VICTORIA:

Dr. Richard Galpin, pediatrician, recently addressed the members of the Victoria Chapter, R.N.A.B.C., when his subject was "The Pre-School Child."

Miss Dietrich, of the teaching staff of St. Joseph's Hospital, convened the very successful head nurses' institute, directed by Mrs. Tschudin. Sixty-seven nurses registered.

MANITOBA

BRANDON:

Following a recent meeting of the Brandon Graduate Nurses' Association, presided over by Mrs. H. S. Perdue, a reception was held in honor of Olive Thomas, who is now superintendent of nurses. The members of the hospital board, hospital aid, doctors, clergymen, and their wives were guests for the evening. Mrs. Perdue and Dr. and Mrs. G. W. Fiddes welcomed the guests and Mmes E. H. Hannah, J. Selbie, H. McKenzie, and Miss E. Cranna acted as hostesses. Mmes S. Peirce, R. Darrach, Misses M. Trotter and J. Smith presided over the tea-table, and B. Brigham, Mmes F. Fargey, D. Wood, H. Alexander, R. Mathie, A. Lewis, Misses F. Downey, M. Gemmell, G. Hutchinson, C. Wedderburn, A. Bennett, Gwen and Isobel Lamont assisted with the serving.

NEW BRUNSWICK

FREDERICTON:

Thirty-three nurses attended a meeting of Fredericton Chapter, N.B.A.R.N., held in Madge Smith's art studio. It has been decided by the chapter to become an affiliated member of the Local Council of Women. The V.O.N. convener reported on the visit of Elizabeth Reed, eastern supervisor of the V.O.N. Special reference was made by the president to a recent article which appeared in the *Journal* entitled "Take it Off." A general discussion followed. It was decided to have a drawing in order to raise funds for the chapter. At the close of the business session the members enjoyed a social hour

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Twelve preliminary students have entered Victoria Public Hospital for training.

It is interesting to note that Mary E. Barry, a Victoria Public Hospital graduate of 1909, has been a constant subscriber to *The Canadian Nurse* since 1914. Miss Barry has spent the years since her graduation doing private duty in New Brunswick, principally in Fredericton.

SAINT JOHN:

Dr. Hugh Farris gave an interesting talk on "Diagnosing in Heart Ailments" at a meeting of Saint John Chapter, N.B.A.R.N. At this time Margaret Murdoch was presented with a bouquet in honor of her twenty-fifth anniversary as superintendent of nurses at the General Hospital. (See Interesting People in this issue.) Plans were made for a "Telephone Bridge" and it was announced that the collection for the War Memorial Trust Fund is progressing favorably and members are urged to make their donations.

The annual meeting will be held in September.

Muriel Clarke presided at a supper meeting of the Public Health Section, Saint John Chapter, N.B.A.R.N., when seventeen members were present. Dr. Jean Webb, chief nutritionist for the N.B. Department of Health, was guest speaker.

General Hospital:

At the annual meeting of the Saint John

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General Hospital Alumnae Association Beatrice Selfridge was elected president, succeeding Miss Hartley. The vice-presidents are M. Scott and A. Hanscome with K. Lawson serving as secretary and Mrs. A. E. Handren as treasurer. A life membership was presented to Mary MacDougall, a graduate of the training school, who is now in Portugal for study while en route to the Angola Mission Field in Africa to serve as a United Church missionary. Mrs. Dora Breau gave an interesting talk on her trip to Hot Springs.

A reception was later held for Miss Murdoch, who is celebrating her twenty-fifth anniversary as superintendent of nurses. The convener was Mrs. L. Dunlop. Mrs. H. Goodwin made the presentation of the alumnae's gift of an electric clock and also presented a bouquet of roses as a special gift from the first two nurses who graduated under her superintendency who were Mrs. Goodwin herself and Mrs. H. Ellis. Louise Peters made the presentation of flat silverware, the gift of the staff nurses.

On behalf of the student nurses, Miss Murdoch was presented with a silver cake plate by Helen Hoyt, president of the student body, at a reception held at the nurses' residence.

Mrs. Eric (Henderson) Howell has rejoined her husband in Montreal. Mrs. Thomas (Lewis) McCollough has returned to Toledo.

St. Joseph's Hospital:

A recent meeting of St. Joseph's Hospital Alumnae Association was followed by a pre-Lenten social.

NOVA SCOTIA

The Halifax Branch, R.N.A.N.S., was privileged to have the Hon. L. D. Currie, Minister of Mines and Labor of the Government of Nova Scotia, speak to the members on "Labor Relations." His talk was stimulating and of great educational value. The meeting was held at the Dalhousie Public Health Clinic, refreshments being served at the Children's Hospital by Miss Jenkins and her staff.

ONTARIO

Districts 2 and 3

At a meeting of Districts 2 and 3, R.N.A.O., held in Kitchener, the need for food parcels for British nurses was stressed and it was decided to contact alumnae associations and training schools with a view to sending parcels overseas. M. Millman gave the members information concerning the Nurse Practice Act and lively discussion followed.

The executive committee of Districts 2 and 3 were guests of the Kitchener and Waterloo Chapter at a dinner recently.

District 4

St. Catharines:

An executive meeting preceded a special meeting of Niagara Chapter, District 4, R.N.A.O., held at the Leonard Nurses Home.

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MILK OF MAGNESIA

At the first sign of a cold, many physicians feel that treatment should include a mild, yet thorough laxative. Phillips' Milk of Magnesia provides mild laxation, and in addition, is an effective antacid for gastric acidity.

Prescribed as a laxative—*it is gentle, smooth-acting without embarrassing urgency.*

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Liquid	Tablets
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SUPERINTENDENT OF NURSES

With experience in Mental Hospital executive work. **Salary:** $160 per month plus full maintenance. Responsibilities include the charge of Female Nursing Service, Nurses' Training School, and housekeeping department.

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Qualified. **Salary:** $120 per month plus full maintenance.

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Dr. Murray MacKay, Medical Superintendent, Nova Scotia Hospital, Dartmouth, N.S.

It was decided to send Catharine O'Farrell as delegate to the forthcoming R.N.A.O. convention and to the annual district meeting.

Ada Scheifele, district chairman, was the guest speaker at the general meeting, her topic being "The Draft of a Proposed Practice Act." This timely subject was heard with deep interest by the unusually large number of nurses present. Anne Wright thanked the speaker. A social hour followed, convened by B. Lousley. Evelyn Robson acted as hostess, assisted by Miss Turner, president of Mack Training School Alumnae Association; Mrs. O. Milligan, of the Graduate Nurses' Association; Misses Thom, Hinds, and others.

District 5

Jessie Wallace was elected chairman of District 5, R.N.A.O., at their annual meeting held in Toronto. The vice-chairmen are Elizabeth Bregg and Thelma Green, while Ethel Greenwood will serve as secretary-treasurer. At the afternoon session Jessie Murdoch, of the Jersey City Medical Centre, spoke on "Adventures in Living-in Nursing." M. Millman reviewed the proposed Nurse Practice Act and answered questions. At the evening banquet Dr. Leslie Angus, B.A., M.D., of the Devereux Schools, Devon, Pa., chose as his subject "Psychiatry 1947" which was of great interest to the five hundred members present.

PRACTICAL NURSING

By W. T. Gordon Pugh and Alice M. Pugh. Here is the leading British book for schools of nursing, now in its fifteenth edition. Examination questions for 1940-1944, inclusive, are given. "As a complete textbook on nursing subjects this book has never been surpassed." — **The Nursing Times.** 295 illustrations, 920 pages, fifteenth edition, 1946. $4.50.

THE ART AND SCIENCE OF NURSING

By Ella L. Rothweiler and Jean Martin White. A leading American book for schools of nursing, now in its twelfth printing. The latest edition contains material on blood and plasma banks and on the iron lung. With activities and questions for each chapter. 144 illustrations, 793 pages, twelfth printing, 1946. $4.00

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ROUGIER FRÈRES - MONTREAL

District 7

At the annual meeting of District 7, R.N.A.O., held at the Kingston General Hospital, Dorothy Morgan was re-elected chairman with H. Corbett and M. Fairfield serving as vice-chairmen. The secretary-treasurer is Jean Kenney. It was decided to send a food parcel to an English nurse who is ill. In the past, nurses in Holland and Switzerland have been recipients of parcels. Reference was also made to the need of Greek nurses for shoes and stockings. The proposed Nurse Practice Act was explained by the chairman.

Claribel McCorquodale, supervisor of the nursing service at the Cancer Clinic, Toronto General Hospital, gave an address in which she outlined the history and development of the x-ray. This was illustrated by a film prepared by the staff of the T.G.H. for the R.N.A.O. and for the education of student nurses in the field of x-ray and radium therapy. Throughout her lecture Miss McCorquodale stressed the part that nurses must play in the education of old and young alike regarding cancer. Dr. R. C. Burr, director of the Kingston Cancer Clinic, Mr. R. Fraser Armstrong, superintendent of K.G.H., and a large number of student nurses were guests at the meeting.

Sr. St. James, of Hotel Dieu, gave an account of the R.N.A.O. convention held last fall, which she attended as a delegate from the district. Miss Morgan gave highlights of a recent directors' meeting, which included a report on increased per capita return from R.N.A.O. fees to each district in relation to its particular need, which will assist the chapters which have been self-supporting in the past.

Nettie Fidler, president, R.N.A.O., spoke to a mass meeting of the registered nurses of Kingston, Brockville, Smiths Falls, and Perth when she reviewed the Nurse Practice Act before an audience of two hundred nurses.

SASKATCHEWAN

Humboldt:

New members of the Humboldt Chapter include Mmes Wm. Jenkins, W. Telfer, and Laura Madden. The alumnae and chapter have agreed to send food parcels to British nurses in April and June.

The student nurses of St. Elizabeth's Hospital recently held their "capping" exercises. Three students received their purple bands marking their third year of training.

Moose Jaw:

K. W. Ellis, registrar, S.R.N.A., was the guest speaker at a meeting of Moose Jaw Chapter when she told the members of recent advances in nursing.

Mrs. D. Closs has joined the staff of Health Region No. 6, her duties to consist of testing the hearing of school children with the audiometer.

A recent meeting of the Moose Jaw General Hospital Alumnae Association was held at the home of Mrs. W. Wilder. After the busi-

ness session bridge was played. R. Reid has left the Providence Hospital staff to take a position at the Port Arthur General Hospital, Ont.

SASKATOON:

City Hospital:

Over seventy members were present at the annual membership tea given by the alumnae association. Mrs. J. Porteous, director of nursing and honorary president, received with M. R. Chisholm, the president. Mrs. S. K. Hayward, a member of the Board of Governors, gave an interesting talk on her experiences as a member of the board.

A. Meadows has returned to the staff after six years in the R.C.A.M.C. when she served overseas with No. 8 C.G.H. Other appointments include Anita Gleeboff, Leona Bourgeois, Mabel Govier, Doris Cooke, and Mrs. Marian Medlyn.

St. Paul's Hospital:

Rev. Sr. Superior Loretta Mansfield, in charge of the hospital for three years, has been transferred to a similar position at Holy Cross Hospital, Calgary, where she spent fifteen years before coming to Saskatoon. St. Paul's extends a warm welcome to Rev. Sr. Superior Annette Lachance, former operating-room supervisor at Calgary, who replaces Sr. Mansfield.

Sixty members attended the annual dinner meeting held by the alumnae association, when the entertainment was supplied by the student nurses. M. Robinson, who has done an excellent job as president for the past two years, has been succeeded by E. Worobetz who has returned to St. Paul's as clinical instructress. Mrs. G. Cowell and Miss Robinson will serve as vice-presidents with Mrs. C. Darbellay as secretary and S. Leeper as treasurer.

A "Welcome Party" was held for the new class of twenty-five student nurses. The "capping" exercises for the thirty-five freshmen also took place recently.

YORKTON:

M. Brown is now assistant night supervisor at the General Hospital. Mrs. E. Sinclair has also joined the staff, replacing Mrs. A. Derkatch who resigned.

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University of Alberta Hospital requires: **Supervisor of Instruction** to take charge of Teaching Program in undergraduate diploma and degree courses and to assist with post-graduate courses in nursing offered at the University. New appointment. **Operating-Room Teaching Supervisor** qualified to organize and carry out a teaching program in operating suite (4 major operating-rooms, 1 minor, 1 dental, 1 cystoscopic). New appointment. **Instructor in Principles and Practice of Nursing** to teach and supervise the nursing arts. Teaching dept. to be housed in up-to-date new nurses' residence. School connected with 650-bed University Hospital. Apply, stating qualifications, to Director, School of Nursing, University of Alberta, Edmonton.

Supervisor for the new Parry Sound General Hospital, Ontario. This hospital opened in October, 1946. Modern in every detail; excellently appointed. Generous salary. Good living accommodations. Apply, stating qualifications and references, to Chairman, Administrative Committee.

Public Health Nurses to carry on Generalized Nursing Program. Salary range: $1,680 to $2,100 per annum. Car necessary; mileage at 8 cents per mile. Apply, stating qualifications and experience, to Miss Muriel E. Hunter, Director, Public Health Nursing Service, New Brunswick Dept. of Health, Fredericton, N.B.

Graduate Nurse, with Public Health training and experience, for **Social Service Dept.,** Toronto General Hospital. Apply, stating qualifications and experience, to Miss I. F. Deeth, Director, Social Service Dept., General Hospital, Toronto 5, Ont.

Registered Nurse or **Registered Medical Technologist** for **Dept. of Parenteral Therapy** at Belleville General Hospital. This position has definite possibilities favorable to applicant. For detailed information write or wire collect to Dr. J. B. McKay, Director, Branch Laboratory, General Hospital, Belleville, Ont.

General Duty Nurses: $110 per month. **Ward Supervisor:** $120 per month. **Operating-Room Scrub Nurse:** $110 per month. All stated salaries include full maintenance. Railroad expenses refunded after 6 months' service. 200-bed General Hospital, with attractive residence, in Niagara Peninsula. Apply to Supt., County General Hospital, Welland, Ont.

Registered Nurses for **Head Nurses** and **General Duty** at Royal Columbian Hospital, New Westminster, B.C. State in first letter date of graduation and experience. Apply to Supt. of Nurses.

Nursing Arts Instructress for 135-bed hospital in Eastern Ontario. Student enrolment of 68; only one class admitted each year. Apply to Principal, School of Nursing, Civic Hospital, Peterborough, Ont.

Nursing Arts Instructor. Also **Ward Supervisor** for Medical and Surgical Unit. 100-bed General Hospital in Western Ontario. Apply, stating qualifications, experience, salary expected and date of availability, to Administrator, General Hospital, Woodstock, Ont.

Instructress of Nurses. Salary: $140 per month and full maintenance. Apply to Supt., General Hospital, Kenora, Ont.

Operating-Room Supervisor. Fully qualified. Good salary and full maintenance. Also **General Duty Nurses.** For full particulars apply to Supt. of Nurses, Saint John Tuberculosis Hospital, East Saint John, N.B.

Assistant Supervisor and **General Duty Nurses** for **Operating-Room,** Victoria Hospital, London, Ontario. Bed capacity, 575. Good salary and Cost of Living Bonus. Splendid opportunity for experience. Post-graduate and practical experience very desirable. Apply, stating school and year of graduation, age, details of experience, and date of availability for service to Supt. of Nurses. **General Duty Nurses** in considerable numbers for various departments.

Floor Duty Nurse. 6-day week. Salary: $100 per month; full maintenance and free hospitalization. Apply to Supt., Barrie Memorial Hospital, Ormstown, P.Q.

Registered Nurses for General Duty at Vancouver General Hospital, British Columbia. State in first letter date of graduation, experience, reference, etc., and when services would be available. 8-hour day and 6-day week. Gross salary: $140 per month living out, with annual increases up to $160 in 4 years, plus laundry. 1½ days sick leave per month accumulative with pay. Employees' Hospitalization Society. Superannuation. 1 month vacation each year with pay. Investigation should be made with regard to registration in British Columbia. Apply to Director of Nurses.

Assistant Superintendent. State qualifications and salary expected. **General Duty Nurses.** 6-day week. Hospitalization Plan. Salary: $100 per month with full maintenance. Apply to Supt., Brome-Missisquoi-Perkins Hospital, Sweetsburg, P.Q.

Instructor. Ward Head Nurses. General Staff Nurses. Applications are invited from nurses eligible for licensing in the Province of Quebec. In first letter state date of graduation, qualifications, experience, and when services would be available. Apply to Director of Nursing, Verdun Protestant Hospital, Box 6034, Montreal, P. Q.

Registered Nurses for General Duty at the Toronto Hospital for the Treatment of Tuberculosis, near Weston, Ontario. 8-hour day and 6-day week. Gross salary (straight 8 hours): $150 per month for the 1st year; $155 the 2nd year; $160 the 3rd. For broken hours: $155 per month for the first year; $160 the 2nd year; $165 the 3rd. One day's sick leave with pay per month, accumulative. 3 weeks' vacation per year, with pay. Generous Pension Plan. Apply to Supt. of Nurses.

Provincial District Nurses in the Province of **Alberta.** Districts located in rural areas. Cottage, water, and fuel supplied by community. Salary: Minimum of $1,500 per annum, plus Cost of Living Bonus. Sick leave. Annual vacation provided after 1 year's service. For further information apply to Miss Jean S. Clark, Director, Division of Public Health Nursing, 218 Administration Bldg., Edmonton, Alta.

New Brunswick Division, Canadian Red Cross Society, is prepared to expand its Outpost Hospital and Nursing Service when nurses are available. Openings for: (1) Visiting Nurses for outlying districts. Public Health course desirable but not essential. (2) Hospital Nurses for two 10-bed hospitals to be opened during next few months. Staff of each to consist of Superintendent and 3 General Staff Nurses (with domestic staff in addition). (3) Positions available immediately for additional nurse on staff of hospital now in operation, and for vacation relief. For further information apply to New Brunswick Division, Canadian Red Cross Society, 66 Prince William St., Saint John, N.B.

Classroom Instructress for 100-bed hospital. Apply, stating qualifications and when services available, to Supt. of Nurses, Sherbrooke Hospital, Sherbrooke, P.Q.

Operating-Room Nurses, Obstetrical Supervisors and **Night Supervisors** with knowledge of Obstetrics. Full maintenance; good living conditions. 470-bed hospital. Apply to Supt. of Nurses, General Hospital, Saint John, N.B.

Registered, Graduate Nurses for **General Duty** at once in a modern 35-bed Municipal Hospital in a thriving community. Salary: $100 per month with full maintenance. 8-hour day and 6-day week. 3 weeks' holiday with pay and raise in salary after a year of service. For further particulars apply to Matron, Municipal Hospital, Taber, Alta.

Registered Nurses (2) for Community Hospital where excellent salaries are paid. Living accommodation provided. For particulars write to Dr. H. R. Clouston, Supt., County Hospital, Huntingdon, P.Q.

Clinical Teaching Supervisor and **Assistant Night Supervisor.** Full maintenance provided. State experience and salary expected. **General Duty Nurses.** Full maintenance. 8-hour day and 6-day week. 1 month vacation per year. Apply to Supt. of Nurses, Children's Hospital, Winnipeg, Man.

Obstetrical Supervisor for 40-bed Obstetrical Dept. Post-graduate experience necessary. 8-hour day and 6-day week. 4 weeks' vacation with pay after a year's service. 1½days' sick leave per month accumulative up to 3 weeks yearly with free hospital care after 3 months' service. Apply, stating qualifications, experience, and salary expected, to Director of Nurses, General Hospital, Kingston, Ont.

Supervisor of Home Nursing Classes, qualified to later assume direction of Red Cross Home Nursing and Reserve Dept. Applications are invited from Graduate Nurses with Public Health training or experience and executive ability. Apply to Chairman, Home Nursing Dept., Hamilton Branch, Canadian Red Cross Society.

Nearly 3 per cent of the young people growing up in Canada today become university graduates. Women constitute about one-fourth of this number. A few women appear in the record of every branch of study but they have held mainly to Arts, including Science and Commerce, and to Education, Social Service, and Public Health.

Official Directory

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1411 Crescent St., Montreal 25, P.Q.

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Ontario: (1) Miss N. D. Fidler, School of Nursing, University of Toronto, Toronto 5; (2) Miss E. Young, Ottawa Civic Hospital; (3) Miss S. Wallace, Dept. of Health, Parliament Bldgs., Toronto 2; (4) Miss K. Layton, 341 Sherbourne St., Toronto 2.

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Committee on Private Duty Nursing: Miss Barbara Key, 123 Bold St., Apt. 56, Hamilton, Ont.
Committee on Public Health Nursing: Miss Helen McArthur, Canadian Red Cross Society, 95 Wellesley St., Toronto 5, Ont.

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International Council of Nurses: 1819 Broadway, New York City 23, U.S.A. Executive Secretary, Miss Anna Schwarzenberg.
Canadian Nurses' Association: 1411 Crescent St., Montreal 25, P.Q. General Secretary, Miss Gertrude M. Hall. Assistant Secretary, Miss Winnifred Cooke.

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Registered Nurses' Ass'n of British Columbia: Miss Alice L. Wright, 1014 Vancouver Block, Vancouver.
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Registered Nurses' Ass'n of Nova Scotia: Miss Nancy Watson, 301 Barrington St., Halifax.
Registered Nurses Ass'n of Ontario: Miss Matilda E. Fitzgerald, Rm. 715, 86 Bloor St. W., Toronto 5.
Prince Edward Island Registered Nurses Ass'n: Miss Helen Arsenault, Provincial Sanatorium, Charlottetown.
Association of Nurses of the Province of Quebec: Miss E. Frances Upton, 506 Medical Arts Bldg., Montreal 25.
Saskatchewan Registered Nurses' Ass'n: Miss Kathleen W. Ellis, 104 Saskatchewan Hall, University of Saskatchewan, Saskatoon.